Registered for Transmission Abroad

No. 93. New Series] [March 15, 1883

R
31
L86
v.11
no.93

The London Medical Record

Biological & Medical Serials

MAR 1 1934

A MONTHLY REVIEW OF THE

Progress of the Medical Sciences and of Subjects relating to Public Health

FOR CONTENTS SEE PAGE XIII

LONDON

SMITH, ELDER, & CO., 15 WATERLOO PLACE

Price One Shilling and Sixpence

ALBISSIMA PAINT.

The only Award of Merit for Paint at the International Medical and Sanitary Exhibition, 1881; and Silver Medal at the Sanitary Exhibition, Brighton.

TRADE MARK.

'Empress of paints.'—*Architect.*

NON-POISONOUS.
INODOROUS.
UNCHANGEABLE.

(*Paris Medal*, 1878.)

SAVING OF OVER 30 PER CENT.

Supplied the same consistency as White Lead, in ½ and 1 cwt. Iron Kegs.

UNSURPASSED FOR INTERIOR DECORATIONS.

Also in all colours ready for use, in 1 and 2 lb. Tins, ½ and 1 Gallon Cans.

SAMPLES, PARTICULARS, AND TESTIMONIALS MAY BE HAD OF

THE ALBISSIMA PAINT COMPANY, Limited,

34 LIME STREET, LONDON, E.C., AND MANCHESTER STREET, LIVERPOOL.

POST FREE.

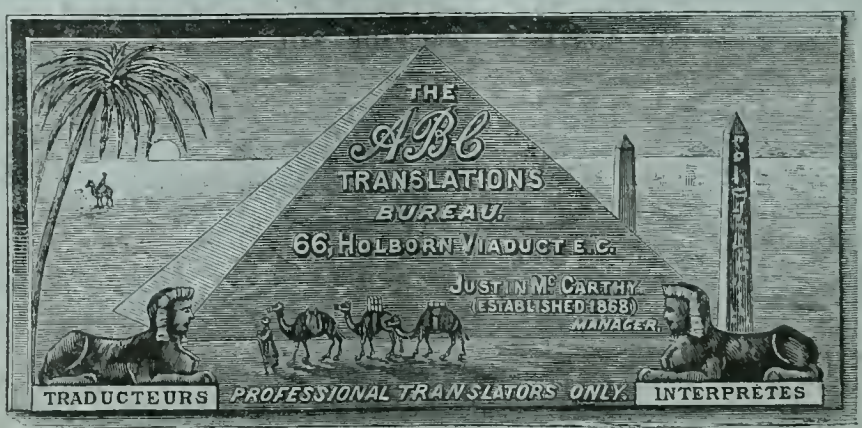
ANTISEPTIC INHALER, Nickelled (Dr. Coghill's Improved System). .	3*s.* 6*d.* each	**HYPODERMIC SYRINGE**, with Two Needles, and Bottle in Leather case	4*s.* 6*d.* each
CLINICAL THERMOMETERS— (Permanent Index)	5*s.* 6*d.* „	Do. 2 Needles in Leather case, superior	7*s.* 6*d.* „
Ditto Improved	7*s.* 6*d.* „	Do. 2 Needles in Nickelled case . .	9*s.* 6*d.* „
Ditto Magnified Index. .	9*s.* 6*d.* „	**SPRAY VULCANITE**, with double Bellows	5*s.* 6*d.* „
EAR CONVERSATION TUBES— Conical	9*s.* 6*d.* „	Do. do. long	8*s.* 6*d.* „
		Do. do. with tongue depressor	10*s.* 6*d.* „

MAWSON & SWAN,

WHOLESALE DRUGGISTS, &c.

20 West Grainger Street, Newcastle-on-Tyne.

WHOLESALE LIST OF DRUGS, CHEMICALS, AND SUNDRIES ON APPLICATION.



SAVORY & MOORE'S SPECIALITIES.

FLUID EXTRACTS OF THE DIGESTIVE FERMENTS.

'Most powerful preparations in the form of mother liquors,' of pleasant odour and taste.

PANCREATINE, Neutral Essence of.

Liq. Pancreaticus.

A perfectly tasteless preparation, especially adapted for the peptonisation of milk, arrowroot, and other mucilaginous articles of diet in general use in the sick room.

Dose, 1 drachm.

PANCREATINE, Saline Essence of.

Liq. Tripsini vel Ess. Pancreatica Salinosa.

The most powerful agent for the digestion of Fat and Farinaceous Foods.

Dose, 1 drachm.

PEPSINE, Saline Essence of.

Liq. Pepticus.

The most powerful agent for the digestion of Meat, Milk, Eggs, &c.

May be taken with Food as a Sauce or Ketchup.

Dose, 1 drachm.

PEPSINE ELIXIR

(ACID GLYCERÔLE OF PEPSINE).

A convenient solution for admixture with other remedies, as Iron, Bismuth, &c., its syrupy nature rendering it easily miscible with other syrups and aqueous fluids.

Dose, 1 drachm.

These preparations are reliable and concentrated forms adapted for all the purposes for which Pancreatine and Pepsine are administered. Dose, 1 drachm. (See *Brit. Med. Jour.*, Dec. 13, 1879, p. 965, &c.)

These preparations are obtainable in 4, 8, and 16-oz. Bottles, or any quantity required, of all Wholesale and Retail Chemists, &c.

A special form of nutriment in **CONSUMPTION**, and where there is a tendency to other **WASTING** and **DEBILITATING DISEASES**, attended with loss of power to digest and assimilate Food.

PANCREATIC EMULSION, OR MEDICINAL (PEPTONISED) FOOD,

Will always take precedence of Cod-liver Oil and oily Emulsions, by reason of its introducing the Stable SOLID Fats into the system, instead of the evanescent FLUID fats or oils. It supplies the kind of fat necessary for sound and vigorous human life. **PANCREATIC EMULSION** presents to the Lacteals fat in exactly the same condition for assimilation and absorption as in the vigorous human frame, and the agent of the important change is the natural secretion of the Pancreas. Dose, 1 to 3 drachms, stirred little by little in milk, water, or any suitable vehicle.

NUTRITIVE or Mixed Peptone ENEMA (Enema Peptonicum Savory),

Consisting of mixed Peptonised Foods for injection per Rectum, thus supplementing and relieving the Digestive Organs.
Prepared at the suggestion of A. E. SANSOM, ESQ., M.D., &c.
Each Bottle contains two small or one full dose.

SAVORY & MOORE, 143 NEW BOND STREET, LONDON, W.; AND SOLD BY CHEMISTS EVERYWHERE.

C. WRIGHT & CO.,

From LOUIS BLAISE & Co. (late SAVIGNY & Co.),

SURGICAL INSTRUMENT MAKERS BY APPOINTMENT TO HER MAJESTY'S GOVERNMENT,

The Principal London and Provincial Hospitals, Truss Makers to the Rupture Society,

108 NEW BOND STREET, LONDON.

SOLE MAKERS OF

Improved Steam Antiseptic Spray Producer, by Mr. R. F. BENHAM, complete in box ... *15s. 6d.*

Improved Steam Antiseptic Spray Producer, by Mr. R. F. BENHAM, with copper boiler, stand, and lamp, complete in box ... ... *30s.*

Improved Screw Crushing Instrument for Hæmorrhoids, by Mr. G. D. POLLOCK, with Vulsellum Forceps ... ... *42s.*

Improved Clamp for Crushing Hæmorrhoids, by Mr. R. F. BENHAM ... ... *35s.*

Improved Pillows for Lateral Curvature, Rickets, and Weak Spines, complete ... ... *55s.*

Improved Lever for Compressing the Common Iliac in Amputation at Hip-joint, by Mr. R. DAY ... ... *6s. 6d.*

Improved Aspirator for Evacuating the Bladder after Lithotrity, by Mr. J. H. MORGAN ... *45s.*

Manufacturers of every description of Surgical and Dental Instruments.
A large assortment of Amputating, Midwifery, and Pocket Instruments always ready for immediate use.

WILSON'S LIN. PLUMBI LACTATIS

The essential constituents and properties are printed on the label of each bottle sent out.

Wholesale London Agents: JACKS & CO., Chemists, 161 Gower Street, W.C.

Report from **CHARLES A. CAMERON**, M.D., F.R.C.S.I., Professor of Chemistry and Hygiene in the Royal College of Surgeons, Ireland; Medical Officer of Health and Analyst for Dublin; Analyst to the Royal Agricultural Society, &c.:—'Royal College of Surgeons, Dublin, July 30th, 1880.—I have examined a specimen of LIN. PLUMBI LACTATIS CO., submitted to me for that purpose by Mr. JOHN P. WILSON, Chemist, of Reading, and the following are the results at which I arrived:—I consider it an excellent application to the Skin when affected with such cutaneous affections as Eczema, Prurigo, Impetigo, &c., as well as for inflammation arising from Scalds, &c. From the composition of this preparation I am satisfied that its use will be attended with decided benefit, and I can confidently recommend it to the notice of Medical Practitioners.'

From **JAS. STARTIN**, Esq., M.B. Camb., M.R.C.S., &c., Surgeon to St. John's Hospital for Skin Diseases, London:—'I have prescribed your LIN. PLUMBI LACTATIS both in private and in Hospital practice, and find it a capital remedy in all cases of Eczema, Prurigo, in Gouty and Rheumatic Eczema especially, and Impetigo of children.'

From **ODED LOWSLEY**, Esq., M.R.C.S., L.S.A., Surgeon to Reading Dispensary, Public Vaccinator, says:—'I consider it is of excellent value as a local application in Erysipelas. In Infants suffering from inflammation extending down the arm after vaccination, a few applications of the Liniment arrests the swelling, and checks the spread of the disease.'

From **W. JOHNSON SMITH**, Esq., F.R.C.S., Senior Surgeon to the Seamen's Hospital, Greenwich:—'During the past twelve months WILSON'S LIN. PLUMBI LACTATIS has been extensively used in this hospital with very satisfactory results both in cases of skin disease, and those of severe injury by burning.'

WHOLESALE & FOR EXPORT OF THE PROPRIETOR,
J. P. WILSON, Manufacturing Chemist, Reading. LACTATIS CO.

MR. OAKLEY COLES' WORKS.

Now ready, Third Edition, demy 8vo., 12s. 6d.

Deformities of the Mouth, their

Mechanical Treatment. With an Appendix of Illustrative Cases. London: CHURCHILL.

OPINIONS OF THE PRESS on the 1st and 2nd Editions.

Lancet, Nov. 28, 1868.—'The work is full of useful information. ....of every day utility to the practitioner.'

Lancet, July 16, 1870.—'The Second Edition of this work shows that the author has continued to devote himself with zeal to the investigation and treatment of a very interesting class of cases. We recommend the work to the study of both Surgeons and Dentists.'

British Journal of Dental Science, August 1870.—'The Second Edition bears upon its pages the most satisfactory evidence of the industry and zeal with which he has followed up the study and practice of the speciality he has devoted himself to with so much success.... Altogether we must heartily congratulate Mr. Coles on this creditable completion of a work which cannot but redound to his credit wherever it is known.'

A Manual of Dental Mechanics.

With 150 Illustrations. CHURCHILL.

American Dental Register, Nov. 1874.—'The work we regard as a very valuable one for the student, and, indeed, for the practitioner. It should be in every Dentist's library.'

Notes for Dental Students. 2s. 6d.

BUTCHER, 4 Crane Court, Fleet Street.

OPINIONS OF THE PRESS.

British Journal of Dental Science August 1876.—'We cordially welcome this useful little book.....Of great value to those preparing for the Dental Diploma.....We hope there will soon be a second edition needed.'

The Doctor, September 1876.—'Carefully arranged and very complete. Indeed, they seem to try to take in rather more than sufficient for Dental Students.....We have no other fault to find with this notebook, which appears a model of what such a work should be.'

The Mouth and Teeth during Pregnancy.

Reprinted, by permission, from the Transactions of the Odontological Society. Pp. 31. Price 1s. 6d. London: WYMAN & SONS, Great Queen Street.

OPINIONS OF THE PRESS.

The British Medical Journal.—'The author has evidently paid considerable attention to the subject, and gives many useful hints as to the management and relief of the distressing toothache and neuralgia complicating pregnancy.....The remarks on treatment are practical, and will repay perusal.....The Practitioner will do well to carry out the suggestions offered by the author.

Now Ready, with Illustrations, Medium 8vo., 12s. 6d.

TEXT-BOOK of PATHOLOGICAL ANATOMY

and PATHOGENESIS. By Professor ERNST ZIEGLER, of Tübingen. Translated and Edited by DONALD MACALISTER, M.A., M.B., B.Sc., Fellow of St. John's College, Cambridge. Part 1. GENERAL PATHOLOGICAL ANATOMY.

MACMILLAN & CO., LONDON.

WORKS BY DR. DOBELL,

Consulting Physician (late Senior Physician) to the Royal Hospital for Diseases of the Chest, &c.

On Loss of Weight, Blood-Spitting, and

LUNG DISEASE. To which is now added Part VI., on the FUNCTIONS and DISORDERS of the LIVER, and their Management in accordance with the Results of Modern Discovery. Second Edition. Coloured Plates.

Affections of the Heart and in its Neigh-

BOURHOOD. Cases, Aphorisms, and Commentaries. Illustrated. Second Issue.

On Winter Cough, Catarrh, Bronchitis,

EMPHYSEMA, ASTHMA. Coloured Plates. Third Edition, with Notes on Climate.

On Diet and Regimen in Sickness and

HEALTH, and on the Interdependence and Prevention of Diseases, and the Diminution of their Fatality. Seventh Edition. Enlarged.

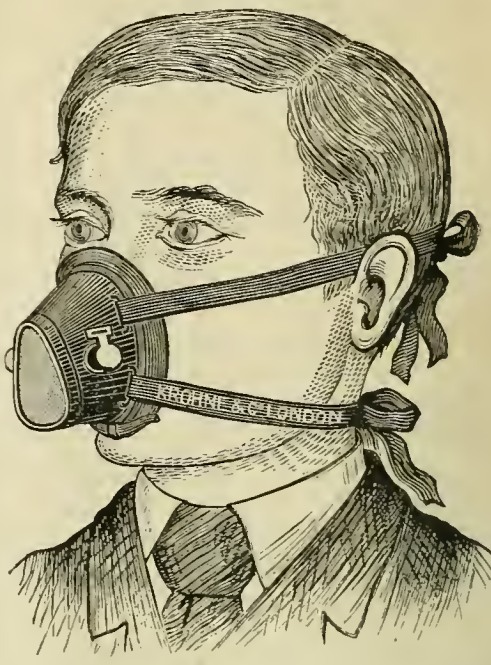
Report on the Use of Pancreatic Emulsion

and PANCREATINE, as first introduced into Medical Practice by Dr. Dobell in 1863.

A Descriptive Catalogue of Dr. Dobell's Works, with Prices, Lists of Illustrations, Opinions of the Press, and the Table of Contents of each Volume, on application at LEWIS'S LIBRARY, 136 Gower Street, London, W.C.

MACKENZIE'S ORO-NASAL RESPIRATOR,

AS MODIFIED BY DR. BLAKE.



Messrs. Krohne & Sesemann's little apparatus covers both nose and mouth; it can be worn with complete comfort whilst reading, writing, or working. It is small and portable, weighing only two ounces, and can be easily carried in the pocket; its greatest advantage, however, is that it does not permit the patient to go on re-inhaling the same air, which is a very vital point. **6s. 6d. each, or 72s. per doz.**

KROHNE & SESEMANN, Duke St., Manchester Sq.

THE

Association for the Supply of Pure Vaccine Lymph

HEMMING'S ROW, ST. MARTIN'S LANE, LONDON, W.C.

SOLE AGENTS FOR

DR. WARLOMONT'S CALF VACCINE.

(A new Patented Preparation.)

From a case of spontaneous cow-pox discovered Nov. 17th, 1881. It is most reliable, and retains its vitality for a considerable time.

Tubes, 2s. each; Half-Tubes, 1s. each. Pomade in vials, 5s., 10s., and 20s. each. Fresh always on hand. Circular on application.

HUMAN VACCINE.—Three Tubes, two-thirds full, 5s.: Tubes one-third full and Lancet charged Points, 1s. each; Pin-points, 1s. 1d. each. Eighteen charged Small Points, 5s.

Pin-points, uncharged, 1s. per dozen.

P.O.O.'s (including postage, and crossed London and Westminster Bank), with orders, payable to EDWARD DARKE, Secretary.

WANTED,

'THE LONDON MEDICAL RECORD'

PARTS FOR MAY, 1882.

Full Price will be Paid for Clean Copies of the above at

15 WATERLOO PLACE, S.W.

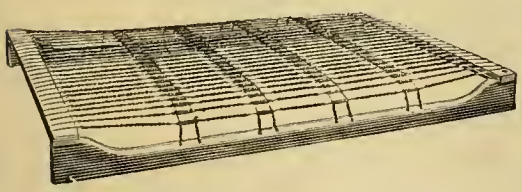
THE

'EXCELSIOR' PATENT SPRING MATTRESS.

Patronised by Royalty; the Nobility; the Medical Profession.

Awards:—Five Prize Medals; Seven Certificates of Merit.

THE 'EXCELSIOR' SPRING MATTRESS.

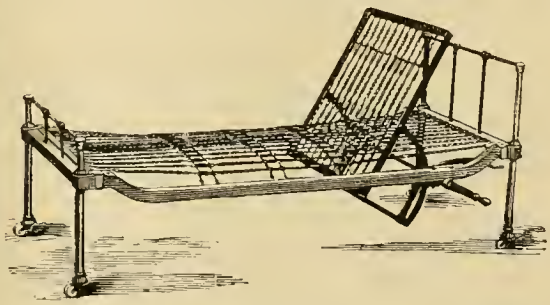


MADE ANY SIZE, TO FIT WOOD, BRASS, OR IRON BEDSTEADS.

The principle of arrangement permits the free movement of one sleeper without inconvenience to the other, permits of complete isolation of each, and effectually *prevents depression in the centre.*

THE 'EXCELSIOR' INVALID BED,

With Appliance for raising an invalid to any angle, easily, painlessly, and immediately by one person.



THE 'EXCELSIOR' INVALID CHAIR.

The 'Excelsior' Bed-Rest.

THE 'MATLOCK' INVALID COUCH.

The 'Matlock' Bed-Rest.

WOOD'S PATENT SPRING LATHS, FOR IRON BEDS

Costing little more than ordinary laths; made any size to suit.

Illustrated Descriptive Circulars and Price Lists from

CHORLTON & DUGDALE, Manchester.

INDEX TO ADVERTISEMENTS.

For Contents of this Number see page xiii.

Abdominal Belts—Salmon's 9
Asylums (Private)—Dr. Dickson, Wye House . . . 17
Dr. Harmer 9
Books—Dobell's Works 2
Esmarch, First Aid to the Injured 17
Hart, Truth about Vaccination 10
H. K. Lewis's List 16
Longmans, Green, & Co.'s List. . . . . 6 and 7
Oakley Coles's Works 2
Smith, Elder, and Co.'s List 11
Text-Book of Pathological Anatomy 2
Carriages—Windover's Light and Durable Patent Carriages . 18
Hand Tricycle for Lame Persons 14
Dietetic Preparations—Benger's Peptonised Foods . Cover 3
Brand & Co.'s Preparations 4
Feltoe's Lime-juice 4
Fry's Cocoa Extract 8
Liebig Company's Extract of Meat 8
Mitchell and Muil's Charcoal Biscuits 7
Savory and Moore's Specialities 1
Filter—Spongy Iron 14
Mattress (Patent)—Chorlton and Dugdale . . . 3
Mineral Waters—Hunyadi János . . . . Cover 4
La Bourboule 17
Pullna Bitterwater 17
National Health Society Exhibition . . . Suppt. 3
Paint—Albissima . . . . . Cover 2
Paper Hangings, free from Arsenic—Wm. Woollams & Co. 9
Patent Boots—The Alupikos 15
Peninsular & Oriental Steam Navigation Co. . . . 7
Pharmaceutical Preparations—Fellows' Hypophosphites 15
Pharmaceutical Preparations (*cont.*):—
Burroughs, Wellcome, & Co. 5
Ferris & Co.'s Nepenthe 12
Mackenzie's Compound Cod-liver Oil Emulsion . . 15
Maltine Preparations . . . . . Suppt. 1 and 2
Metz's Aperient Tamarind Lozenges 8
Slade's Anti-asthmatic Cigarettes 17
Symes and Co.'s Lac Bismuthi 16
Umney's Fluid Extract of Cinchona 14
Wilson's Lin. Plumbi Lactatis Co. 1
Wright's Liquor Carbonis Detergens 14
Wyleys' Chinoquinine 4
Young and Postans 17
Respirator—Blake's Oro-Nasal 2
Sanitary Appliances—Raimes's Universal Deodoriser . 16
Rimmel's Aromatic Ozonizer 15
Students' Appliances—Pentland's Cabinet of Mat. Med. . 9
Surgical Apparatus—P. Bourjeaurd 16
Brady and Martin, Newcastle 8
Harvey and Reynolds' Clinical Thermometers, &c. . . 8
Invalid Bed Table . . . . . Suppt. 4
Lawley, Walter 7
Mawson and Swan . . . . . Cover 2
Schramm's Orthopædic Appliances . . . Suppt. 4
C. Wright and Co. 1
Translations—The A B C Translations Bureau . . Cover 2
Vaccine Lymph—Dr. Warlomont's 2
Ventilators—Lawson Tait's Thermic Ventilator . . 17
Whisky—Kinahan's 7
Wines—Cadiz Wine Company 17
Max Greger's Hungarian Wines . . . Suppt. 4
Nichols & Co.'s Italian Wines 3

W. M. NICHOLS & CO.'S
ITALIAN WINES.

All who appreciate Pure Wines will find those we are now Importing from Italy superior to the manufactured Clarets which are offered at Low Prices. The following are especially recommended :

LOMBARDY RED WINE	15s. per dozen.
MONFERRATO, rather Full and Rich	18s. ,,
BARBERA, Fuller	18s. ,,
BAROLO, a Fine Wine, Good Body	24s. ,,
TREBBIANO, a Delicate White Wine, 7 Years in Bottle	36s. ,,

WITH OTHER VARIETIES.

See—*London Medical Record* of Jan. 15, 1883. *Lancet* of March 3, 1883.

FOR PRICE LISTS, ETC., APPLY TO

W. M. NICHOLS & CO., 9a Great St. Helen's, LONDON., E.C.

CHINOQUININE.

The bleached crystallisable alkaloids of East Indian Red Bark (*Cinchona succirubra*), containing Quinine, Cinchonidine, and Cinchonine in the form of *Muriates*. In appearance, medicinal properties, and mode of administration it closely resembles Quinine ; it may be given in all cases where the pure alkaloid is required, whilst, as a tonic, and in cases where Quinine alone is objectionable, its use is especially advantageous.

IT IS MOREOVER SOLD AT NEARLY HALF THE PRICE OF QUININE.

FERRI ET CHINOQUINÆ CITRAS.

A 'Scale preparation,' containing 25 per cent. of Citrate of Chinoquinine. Dose and medicinal properties the same as Ferri et Quinæ Cit., P. B. In 1 oz. bottles, price 1*s.* 9*d.* ; or in bulk, 24*s.* per lb.

LIQUOR FERRI ET CHINOQUINÆ CITRAS.

An elegant preparation of the above in a liquid and very palatable form ; prepared for convenience in Dispensing. Each fluid drachm contains 10 grains of Citrate of Iron and Chinoquinine. Price 6*s.* per lb.

CHEKAN, AND ALL ITS PREPARATIONS.

We are the original importers of this Chilian plant, which is strongly recommended by Dr. W. MURRELL, of the Diseases of Chest Hospital ; also by Dr. T. STRETCH DOWSE, for chronic catarrhal inflammation of the respiratory mucous lining.—See *Medical Record* of April 15, 1882.

WYLEYS & CO. { WHOLESALE AND EXPORT DRUGGISTS AND MANUFACTURING PHARMACEUTISTS. } **COVENTRY.**

And WYLEYS, WALKER & CO., 223 UPPER THAMES STREET, LONDON.

BRAND and Co.'s OWN SAUCE. *A Fine Tonic and Digestive.*

BRAND and Co.'s OWN SAUCE. *An excellent relish for fish, flesh, or fowl.*

THE WHOLESOME NON-ALCOHOLIC BEVERAGE,

For Family Daily Use throughout the Year.

DELICIOUS, HARMLESS, REFRESHING, AND USEFUL.

'SPECIALITE' LIME JUICE,

HAS NOT THE USUAL OBJECTIONABLE MUSTY FLAVOUR—NO SULPHURIC ACID—NO MEDICINAL SUBSTANCE—WILL NOT TURN MOULDY.

FELTOE & SONS (FOUNDED 1815), 27 ALBEMARLE STREET, LONDON, W.

May be obtained of Wine Merchants, Grocers, and Chemists.

NEW IMPROVEMENTS IN PHARMACY.

THE BURROUGHS INHALER

'Is an ingenious and convenient device for inhaling chloride of ammonia fumes; by its use the chloride of ammonium is brought in more intimate contact with the mucous surfaces of the passages of the nose and throat than by any other form of inhaler.'—The Medical Press and Circular Reports.

For full Notes and Reports see front pages of
The Lancet, May 6th.

KEPLER EXTRACT OF MALT.

The Lancet says of the Kepler Extract of Malt: 'The best known, and in this country the largest used Extract of Malt. It is as distinct an advance in therapeutics as was the introduction of cod-liver oil. It is one of our best remedies for atonic dyspepsia, and is undoubtedly useful in consumption and other wasting diseases.' And further adds, 'It is very good, and may be used with confidence.'

For wasting Diseases.

For full Notes and Reports see front pages of
The Lancet, May 6th.

McK. & R. CAPSULED PILLS.

An important improvement has been made, which now renders the most offensive and repulsive drugs easy of administration. This improvement consists in perfectly sealing with a thin transparent capsule of gelatine all drugs such as quinine, morphia, rhubarb, &c., also the various pills and powders of the pharmacopœia. These capsules are of an ovoid shape, and it has been demonstrated beyond question that when ordinary coated pills are rejected by patients there is not the slightest difficulty in administering this new form.

For full Notes and Reports see front pages of
The Lancet, May 6th.

KEPLER COD-LIVER OIL WITH EXTRACT OF MALT.

This is an emulsified combination of the purest fresh Norwegian Cod-liver Oil with 50 per cent. of Extract of Malt (Kepler).

So combined, the oil is subdivided into minute particles which can be seen under the microscope to be as fine as the granules of milk; and much finer than any that can be obtained by any emulsion with gums. On the fineness of the emulsion depends the digestibility of the oil. 'The digestive change undergone by fatty matters in the small intestine consists mainly in their reduction into a state of emulsion, or division into infinitely minute particles.'

For full Notes and Reports see front pages of
The Lancet, May 6th.

THE BURROUGHS BEEF AND IRON WINE.

'This is a really valuable preparation, and, as far as we know, a novelty. It contains beef juice and citrate of iron in solution in wine, and is therefore a very powerful and rapidly-acting tonic. Children, as well as adults, take it easily; and, as its taste is by no means unpleasant, it can hardly fail to attain great popularity. In many cases of scrofula and rickets we have given it with the most gratifying results.'—The Lancet Report.

For full Notes and Reports see front pages of
The Lancet, May 6th.

LAWTON'S ABSORBENT COTTON

'Has been pronounced by some of our most eminent surgeons the very best absorbent for taking up discharges; it is very fine and soft, and acts instantly.'—The Medical Press and Circular.

For full Notes and Reports see front pages of
The Lancet, May 6th.

THE WYETH COMPRESSED TABLETS

EXACT SIZE OF TABLET

'Are a great improvement on the hard, unpalatable lozenges which have so long done duty in the Pharmacopœia. The Chlorate of Potash and Chlorate of Potash and Borax will be found useful in throat affections, whilst the Bicarbonate of Potash and Bicarbonate of Soda Tablets will prove efficacious in dyspepsia. The Soda Mint, or Neutralising Tablets, will earn the gratitude of many a flatulent dyspeptic.'—Lancet.

For full Notes and Reports see front pages of
The Lancet, May 6th.

HAZELINE.

The Medical Press and Circular reports:—'Hazeline is a valuable astringent remedy, wonderfully efficacious in checking *internal* or *external hæmorrhages*, and for *allaying inflammation*. It is particularly valuable in the treatment of *bleeding piles*, and as a *surgical dressing* it deserves attention.'

For full Notes and Reports see front pages of
The Lancet, May 6th.

THE WYETH SOLUBLE COMPRESSED HYPODERMIC TABLETS.

The following formulæ and combinations embrace all those in general request. Others will be added as the demands of the profession warrant.

We claim for the Wyeth Hypodermic Tablets:

Absolute accuracy of Dose.
Ready and entire solubility.
Perfect preservation of the drug.

Their convenience and utility will at once be apparent on examination.

Morphiæ Sulphas.... 1-3 grain.	Morphiæ Sulphas.... 1-8 grain.
Morphiæ Sulphas.... 1-4 grain.	Atropiæ Sulphas .... 1-200 grain.
Morphiæ Sulphas.... 1-6 grain.	Morphiæ Sulphas.... 1-12 grain.
Morphiæ Sulphas .. 1-8 grain	Atropiæ Sulphas .. 1-250 grain.
Morphiæ Sulphas.... 1-12 grain.	Atropiæ Sulphas .... 1-60 grain.
Morphiæ Sulphas.... 1-3 grain.	Atropiæ Sulphas . 1-100 grain.
Atropiæ Sulphas .... 1-120 grain.	Atropiæ Sulphas .... 1-150 grain.
Morphiæ Sulphas.... 1-4 grain.	Strychniæ Sulphas .. 1-60 grain.
Atropiæ Sulphas .... 1-150 grain.	Strychniæ Sulphas .. 1-100 grain.
Morphiæ Sulphas.... 1-6 grain.	Strychniæ Sulphas .. 1-150 grain.
Atropiæ Sulphas .... 1-180 grain.	

For full Notes and Reports see front pages of
The Lancet, May 6th.

THE WYETH DIALYSED IRON.

1. It is easily administered, the dose being very small.
2. It has no unpleasant taste or smell.
3. It does not irritate the stomach.
4. It has no effect on the bowels, producing neither constipation nor diarrhœa.
5. It does not blacken the teeth.

In ordering please specify Fer. Wyeth 3 *oz. with Dropper.*

NOTE.

All the articles mentioned on this page may be obtained from respectable Dispensing Chemists and Wholesale Druggists in every part of the world, or from the European Depôt of Burroughs, Wellcome, & Co., Snow Hill, London, E.C. Our New Formulæ Book and Trial Specimens of any of our Preparations will be sent to any Member of the Profession upon request.

BURROUGHS, WELLCOME, & CO., Manufacturing Chemists, Snow Hill, London, E.C.

MEDICAL & SURGICAL LITERATURE.

ANATOMY, DESCRIPTIVE and SURGICAL. By HENRY GRAY, F.R.S., formerly Lecturer on Anatomy at St. George's Hospital. With 557 Woodcut Illustrations; those in the First Edition after Original Drawings by Dr. Carter; the additional Drawings in the Second and Subsequent Editions by Dr. Westmacott and other Demonstrators of Anatomy. The Tenth Edition, re-edited by T. PICKERING PICK, Surgeon to St. George's Hospital, Examiner in Anatomy, Royal College of Surgeons of England. Royal 8vo., price 30*s.*

This Edition has undergone a careful revision; and several portions, especially in the sections on Microscopical Anatomy, have been considerably altered or entirely rewritten, in order to keep pace with the ever-increasing activity of research in this branch of the science of Anatomy. Several new illustrations have been added, and some of the old ones have been replaced by others.

The Editor has to acknowledge, with his warmest thanks, the valuable assistance he has received from his friend Mr. Ross, Curator of the Museum of St. George's Hospital, and lately Assistant Demonstrator of Anatomy, who has not only prepared all the dissections from which the new illustrations have been drawn, but has also bestowed a large amount of labour in investigating certain points in Anatomy about which there is a difference of opinion in the various text-books on the subject.

The Editor's best thanks are also due to Mr. COMPTON, Demonstrator of Histology at St. George's Hospital, for the great care and trouble which he has taken in drawing the new microscopical illustrations which have been introduced into the present edition.

QUAIN'S ELEMENTS OF ANATOMY. The Ninth Edition, re-edited by ALLEN THOMPSON, M.D., .D.C.L., LL.D., F.R.S, formerly Professor of Anatomy in the University of Glasgow; EDWARD ALBERT SCHÄFER. F.R.S., Assistant Professor of Physiology in University College, London; and GEORGE DANCER THANE, Professor of Anatomy in University College, London. Pp. 1,720; with 1,195 Engravings on Wood, of which 97 are coloured. 2 vols. 8vo. (*which are sold separately*), price 18*s.* each.

In this edition the whole work has been subjected to a thorough revision, and such additions and improvements have been introduced as seemed necessary, without materially altering its form. In the first volume the figures of the Blood-vessels have been coloured, and a chapter has been added on Superficial and Topographical Anatomy. In the second volume, very considerable changes have been made in the departments of Histology, the Central Nervous System, and Embryology. In connection with his part of the work, Mr. SCHÄFER acknowledges in the Preface the assistance he has received from the systematic works of Henle, Luschka, W. Krause, and Schwalbe, and from Klein's *Atlas of Histology*, and Ranvier's *Traité Technique d'Histologie*. And Dr. THOMSON acknowledges his obligations to the new edition of Kölliker's *Entwickelungsgeschichte*, to His's *Anatomie Menschlicher Embryonen*, and to the *Comparative Embryology* of the lamented F. M. BALFOUR. A considerable number of new figures have been introduced into the present Edition, some having been substituted for former ones now withdrawn, others added as new illustrations.

A SYSTEM OF SURGERY, THEORETICAL AND PRACTICAL, in Treatises by various Writers. Edited by T. HOLMES, M.A. Cantab., Surgeon to St. George's Hospital, Membre Correspondant de la Société de Chirurgie de Paris; and J. W. HULKE, F.R.S., Surgeon to the Middlesex Hospital and to the Royal London Ophthalmic Hospital. Third Edition, in Three Volumes, with Coloured Lithographic Plates and numerous Illustrations engraved on Wood. 3 vols., royal 8vo., price 84*s.* cloth. [*Nearly ready.*

In this third edition the same general arrangement has been followed as in the two former; but many of the Treatises have been entirely rewritten, others greatly modified, and all carefully revised, either by the original Authors or by Surgeons of known authority on the topics in question. The Editors have thus attempted to adapt the book to the great changes and advances which have been made in surgery during the interval since its last publication; whilst the publishers have been enabled, by careful condensation on the part of the Authors, and by the use of a less expensive style of typography, to issue the work at a reduced price, and at the same time to add largely to the illustrations. It is hoped that the new edition will maintain the reputation of the System of Surgery as a faithful mirror of the teaching and practice of Surgery in England at the present day.

THE PATHOLOGY, DIAGNOSIS, and TREATMENT of DISEASES of WOMEN. By GRAILY HEWITT, M.D., F.R.C.P., Prof. of Widwifery and Diseases of Women, Univ. Coll., and Obstetric Physician to the Hospital. New Edition, being the Fourth, the greater part rewritten; pp. 940, with 211 Illustrations, of which 79 are New in this Edition. 8vo., Price 24*s.*

London: LONGMANS, GREEN, & CO.

MEDICAL AND SURGICAL LITERATURE (Continued).

THE SCIENCE AND ART OF SURGERY; A Treatise on Surgical Injuries, Diseases, and Operations. By JOHN ERIC ERICHSEN, F.R.S., F.R.C.S., Surgeon Extraordinary to H.M. the Queen; Consulting Surgeon to University College Hospital, &c. Seventh Edition, enlarged and carefully revised; pp. 2,072, illustrated by 862 Engravings on Wood. 2 vols. 8vo., Price 36*s.*

In the seventh edition (1877) much new and important matter was introduced. The additions thus made were not confined to any one particular part, but were widely distributed through the various subjects of which the work treats. These additions are not to be measured merely by the increased bulk of the work, being in reality far more extensive than might at first appear, as they often take the place of old matter which, having become obsolete, was cancelled. One hundred and fifty new illustrations were added to the text of the seventh edition, and many of the older ones were redrawn in an improved style.

THE ESSENTIALS OF MATERIA MEDICA AND THERAPEUTICS. By ALFRED BARING GARROD, M.D., F.R.S., &c., Consulting Physician to King's College Hospital. The Eighth Edition, Revised and Edited under the supervision of the author, by E. B. BAXTER, M.D., F.R.C.P., Prof. of Mat. Med. and Therapeutics in King's Coll. Lond., &c., Assistant-Physician to King's Coll. Hospital. Crown 8vo., price 12*s.* 6*d.*

A DICTIONARY OF MEDICINE; including General Pathology, General Therapeutics, Hygiene, and the Diseases Peculiar to Women and Children. By Various Writers Edited by RICHARD QUAIN, M.D., F.R.S., &c., Fellow and late Senior Censor of the Royal College of Physicians; Member of the Senate of the University of London; Member of the General Council of Medical Education and Registration; Consulting Physician to the Hospital for Consumption and Diseases of the Chest at Brompton. Third Thousand; pp. 1,836, with 138 Illustrations engraved on Wood. 1 vol., medium 8vo., price 31*s.* 6*d.* cloth, or 40*s.* half-bound in Russia; to be had also in Two Volumes, price 34*s.* Cloth.

London: LONGMANS, GREEN, & CO.

PENINSULAR & ORIENTAL S. N. COMPANY.

Under CONTRACT for HER MAJESTY'S MAILS to INDIA, CHINA, and AUSTRALIA, &c.

REDUCED RATES OF PASSAGE MONEY.
SPECIAL RETURN TICKETS.

Departures (Fortnightly) for—

CALCUTTA, MADRAS, and CEYLON / CHINA, STRAITS, JAPAN ..... From Gravesend, Wednesday, 12.30 P.M. From Brindisi, Monday.

ADELAIDE, MELBOURNE, SYDNEY ..... From Gravesend, Thursday, 12.30 P.M. From Brindisi, Monday.

GIBRALTAR, MALTA, EGYPT, ADEN, BOMBAY ..... Every Wednesday.

LONDON OFFICES:
122 LEADENHALL STREET, E.C.; and
25 COCKSPUR STREET.

NEW AND SECOND-HAND

ARMY, AMPUTATING, POST-MORTEM, DISSECTING, and POCKET DRESSING CASES, by the best Makers, at moderate prices. NEW and SECOND-HAND MICROSCOPES and OSTEOLOGY. The GENERAL PRACTITIONER'S POCKET CASE, price £6 10*s.*
Illustrated Catalogue, Three Stamps.

Retail Depot for the New Patent

CARBOLIZED SOAP LEAVES

FOR MEDICAL MEN.

WALTER LAWLEY,
Farringdon Street, near Ludgate Circus, London.
(Established over a Century.)

MITCHELL & MUIL'S

PURVEYORS TO HER MAJESTY.

CHARCOAL BISCUITS.

(Recommended by Leading Members of the Medical Profession.

ABERDEEN.

In Tins at One Shilling each.

MAY BE HAD OF ALL RESPECTABLE CHEMISTS IN THE UNITED KINGDOM AND ABROAD.

GOLD MEDAL, PARIS EXHIBITION, 1878.

KINAHAN'S

PURE, MILD AND MELLOW. DELICIOUS AND MOST WHOLESOME.

LL

THE CREAM OF OLD IRISH WHISKIES.

WHISKY.

Dr. Hassall says:—'Soft and Mellow, Pure, well Matured, and of very excellent quality.'

The Gold Medal, Dublin Exhibition, 1865.

20, GREAT TITCHFIELD STREET, LONDON, W.

Gold Medal, Paris. Medals, Sydney, Melbourne, Christchurch, N.Z.

FRY'S COCOA EXTRACT.

Guaranteed perfectly Pure Cocoa only.

'There is no nicer or more wholesome preparation of Cocoa.'—*Food, Water, and Air*, edited by Dr. HASSALL.

'Strictly pure, easily assimilated.'—W. W. STODDART, F.I.C., F.C.S., *Analyst for Bristol.*

'Pure Cocoa, a portion of oil extracted.'—CHARLES A. CAMERON, M.D., F.R.C.S.I., *Analyst for Dublin.*

Try also FRY'S CARACAS COCOA.—'A delicious preparation.'

SIXTEEN PRIZE MEDALS AWARDED TO J. S. FRY & SONS.

LIEBIG COMPANY'S EXTRACT OF MEAT

The only brand warranted genuine by the late and present Baron Liebig.

CAUTION.—Numerous inferior and low-priced substitutes being in the market with misleading titles, labels and portraits of the late Baron Liebig, purchasers must insist upon having the Liebig COMPANY'S Extract of Meat.

N.B.—Genuine ONLY with facsimile of Baron Liebig's Signature, in blue ink across label.

This purely vegetable mild aperient effects a gentle relief of the bowels, without causing irritation. Excellent remedy in cases of habitual constipation. Pleasant to take, and causing no griping pains.

PAUL METZ'S
APERIENT TAMARIND LOZENGES.
Prepared by the eminent German Chemist, KANOLDT.

Dose, for Adults, 1 Lozenge; for Children, from ¼ to ½ before going to bed. Sold in elegant Cardboard Boxes, containing respectively 6 and 12 Lozenges, at 1/6 and 2/6 Retail, including Stamp. Wholesale Prices on application.

SUPERIOR TO ANY OTHER SIMILAR PREPARATION IN THE MARKET.

Not a so-called patent or secret medicine, but a product of Nature!

Samples can be obtained on application to PAUL METZ, 10 JEWIN STREET, LONDON, E.C.

REDUCED PRICES. IMPERISHABLE INDICES.

PHŒNIX CLINICAL THERMOMETERS. Loss of Index impossible; indelible Scale. Sizes—4 in., 5 in., 6 in. Price 7*s.* 6*d.*, post free.

LENS FRONT PHŒNIX THERMOMETERS. All the advantages of the foregoing; also a highly magnified Index, and cannot roll. Sizes—4 in. and 6 in. Price 9*s.*, post free.

TEMPERATURE CHART FORMS, size of Visiting List. 6*d.* per dozen; 2*s.* book of 50.

HARVEY & REYNOLDS, 13 Briggate, Leeds.

Original Makers of Dr. Clifford Allbutt's Clinical Thermometers.

BRADY AND MARTIN'S NEW ILLUSTRATED CATALOGUE

(*COPYRIGHT*)

CONTAINS DETAILED LISTS OF

SURGICAL INSTRUMENTS;

PHYSIOLOGICAL APPARATUS, APPLIANCES, AND PREPARATIONS.

MICROSCOPES AND MATERIALS FOR HISTOLOGICAL RESEARCH;

CHEMICAL APPARATUS USED BY MEDICAL OFFICERS OF HEALTH.

With nearly 300 Wood Engravings. Supplement containing Notices of newly-introduced Remedies.

Price 2s. 6d., Post Free.

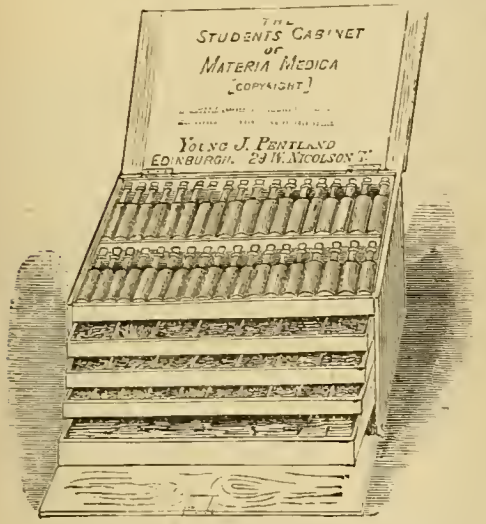
NEWCASTLE-UPON-TYNE.

THE

STUDENTS' CABINET OF MATERIA MEDICA,

Specially Prepared for Materia Medica Examinations.

Contains all the important substances of the Organic Materia Medica, *including those expensive articles usually omitted* from such collections.



PRICE FIFTY SHILLINGS NETT.

This Cabinet has been designed to supply a want felt by all Students of Materia Medica, viz., that of a good collection of the Organic substances, in a compact accessible form, so arranged as to facilitate their study.

Unless the Student has had special opportunities, he finds in the description of the Organic substances a vast accumulation of uninviting dry details, most difficult to master. His previous study of Chemistry somewhat helps him to a knowledge of the Inorganic Materia Medica; but the amount of Botany and Natural History usually required render him almost no help in becoming acquainted with the physical characters of the animal and vegetable substances of the British Pharmacopœia.

With a good specimen before him to handle, look at, smell, taste, and otherwise examine, many of his difficulties disappear, an interest is awakened in the study, and a knowledge of the physical characters of the substances acquired and easily remembered, in a way that can by no other means be obtained. Thus the Student is enabled to familiarise himself with each of the various substances, so as to be able to recognise them at once, a very necessary thing in an examination; and so also will he the more readily acquire that complete and thorough mastery of the subject which underlies all true idea of applied Therapeutics.

Substances ordered in the fresh state, and one or two more which the merest tyro in Pharmacy becomes at once familiar with, are not included. None of the preparations of the various Drugs are given, as it would have added so considerably to the price of the Collection as to place it beyond the reach of a large mass of workers.

No such complete and handy Cabinet has yet been produced at a price to bring it within the reach of all. To make this Collection thoroughly meet the requirements of the Student, no effort or expense has been spared.

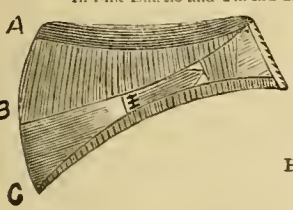
This Cabinet has been submitted to many of the leading Lecturers on the subject in London, Edinburgh, and Glasgow, all of whom, without exception, have been pleased to express the most thorough approval of the Cabinet as a valuable and necessary aid to the Student.

The whole Collection is arranged in trays, enclosed in a neat, portable, pine Cabinet, with Lock and Key.

Edinburgh: YOUNG J. PENTLAND, 29 West Nicolson Street.

SALMON'S ABDOMINAL BELT.

In Silk Elastic and Thread ditto, from 25*s.* to 50*s.*

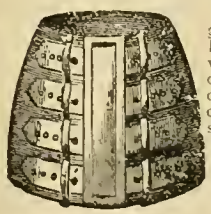


The Belt is light in texture, and affords a more lifting support than any hitherto made, completely supporting the lower part of the Abdomen. It is recommended in cases of Obesity, Tumour, Prolapsus Uteri, and during and after pregnancy.

HENRY R. SALMON,
87 Wimpole St., Cavendish Sq., London, W.
(corner of Wigmore St.)

SALMON'S OBSTETRIC BINDER

For immediate use after delivery. 6*s.* 6*d.*; by post, 6*s.* 10*d.*



The Binder is a substitute for the towel generally used immediately after labour. It is made of strong linen, and dispenses with the usual pinning. The advantages of the Binder are facility of application, combined with comfort and greater efficiency. Measurement required, ordinary size of the waist.

HENRY R. SALMON,
Wimpole Street, Cavendish Square, London, W.
(corner of Wigmore Street).

WALL PAPERS FREE FROM ARSENIC.

TRADE W MARK

WILLIAM WOOLLAMS & CO., Manufacturing Paper Stainers,
Have for many Years supplied Block Printed
ARTISTIC WALL PAPERS, Guaranteed Free from Arsenic.
Manufactory—110 HIGH STREET, MANCHESTER SQUARE, LONDON, W.
May be obtained of all Decorators. Samples for testing free to all Medical Men. Special Prize Medal, Sanitary Institute.
Award of Merit, International Medical and Sanitary Congress.

NORTHGROVE HOUSE, HAWKHURST, KENT AND SUSSEX.

HAWKHURST,

KENT AND SUSSEX.

ESTABLISHED IN 1839.

This Asylum is situate midway between

TUNBRIDGE WELLS AND HASTINGS.

The Government Inspectors are Her Majesty's Commissioners in Lunacy, the Lord Chancellor's Visitors in Lunacy, Four Justices of the Peace, attended by the Medical Inspector of Asylums for the County of Kent, and their Solicitor. Has extensive grounds and excellent stabling. Station—Etchingham, S.E.R. Terms moderate. For particulars apply to

Dr. WM. MILSTED HARMER, F.R.C.P. &c., etc.,
Physician Superintendent

Crown 8vo. (87 pages), price One Shilling.

THE TRUTH ABOUT VACCINATION.

An Examination and Refutation of the Assertions of the Anti-Vaccinators.

By ERNEST HART,

Chairman of the Parliamentary Bills Committee of the British Medical Association, and Chairman of the Council of the National Health Society.

EXTRACT FROM AUTHOR'S PREFACE.

'It seems needful to explain in a few words the circumstances under which this pamphlet comes to be published. I have, for several years past, been frequently appealed to, by all sorts of people, on all sorts of occasions, for a statement of the facts which would enable them to answer the strong assertions of a certain class of agitators who describe themselves as anti-vaccinators. These gentlemen are so very persistent in their agitation, and so elaborately wrong in their statistics and arguments, that it has really become a matter of no small difficulty for a technically uninstructed person to examine their figures or test their allegations.

'On the occasion of two of the most recent Parliamentary elections, I was hurriedly applied to by candidates for references to the sources from which to answer their anti-vaccinating persecutors. Members of Parliament and magistrates are, indeed, often at their wits' ends to know where to find the true facts which these gentlemen delight to misrepresent.

'I have, of course, been able to refer inquirers to the standard works on the subject, and to the Registrar-General's statistics: but a need evidently exists for some concise statement of the merits of vaccination, which will obviate the necessity of individual research into the evidence in its favour. As a matter of fact, I have not been able to refer my inquirers to any such statement, and it seemed to me, therefore, that there would be great advantage in the truth about vaccination being placed before the public in a handy and readily accessible form, so as to supply the materials for an answer to the numerous objections of the anti-vaccinators. Under these circumstances I consented, at the request of the National Health Society, to deliver a public lecture on the subject. This lecture was given at the Hall of the Society of Arts, on Jan. 27 last, and is now, in compliance with very numerous requests, printed (with considerable additions) in the present pamphlet.'

SYNOPSIS.

CHAPTER I.

SMALL-POX UNCONTROLLED BY VACCINATION.

Introduction.—Anti-vaccination tactics—Perversions and inaccuracies of anti-vaccination tracts—Small-pox in its natural state, uncontrolled by vaccination—Amongst remote communities—Among the Indians—In civilised Europe In England—In royal and noble families—After effects of non-fatal attacks of small-pox—Macaulay's description of ravages of small-pox in seventeenth century—Introduction of inoculation and of vaccination—What vaccination is: Jenner's opinion—Power of vaccination in influencing small-pox—Modifying power of vaccination—Statistical evidence of the different degrees in which persons vaccinated in different ways will be safe against death by small-pox.

CHAPTER II.

OBJECTIONS TO VACCINATION.

The anti-vaccination creed—Reckless and absurd nature of objections—Alleged introduction of diseased matter by vaccination—Allegation that vaccination is small-poxing—M. Chauveau's experiments—their fallacy explained—Mr. Ceely's and Mr. Badcock's successes in the variolation of kine—Use of variola-vaccine lymph never followed by infection of small-pox—Inaccuracy of statement that vaccination is mainly derived from small-pox inoculation of calves—Real source of chief part of lymph in present use—Absurdity of allegation that vaccination breaks the law forbidding inoculation.

CHAPTER III.

ALLEGED MISCHIEF FROM VACCINATION, AND INCREASED MORTALITY FROM CERTAIN DISEASES.

Allegation that vaccination propagates enthetic and constitutional diseases—Source of fallacy with regard to this question—Vaccination gives immunity from small-pox only—Explanation of Mr. Hopwood's Parliamentary Return of 1877—Comparison of present with past diseases very liable to fallacy—Hypothesis that vaccination renders persons more liable to other diseases than small-pox contrary to the whole current of medical experience—Allegation that cutaneous diseases and glandular swellings are introduced by vaccination—Erysipelas after vaccination—Syphilis after vaccination—Allegations of invaccination of syphilis may easily be made in cases where there is not even a pretext for them—Practical and common-sense view of question—Experience of Medical Department of the State as to alleged injury from vaccination—Danger, if there be any at all, of communicating through vaccine lymph any other affection than its own, practically non-existent—Medical concurrence in belief of non-communicability of disease by vaccination—Opinion of Select Committee of House of Commons on the question—Animal vaccination—Its advantages.

CHAPTER IV.

SMALL-POX CONTROLLED BY VACCINATION.

Allegations that vaccination intensifies small-pox, and that it does not diminish the small-pox death-rate—London experience—Average fatality from small-pox in Metropolis forty times greater in seventeenth and eighteenth centuries than now—Results of more general practice of vaccination—Diminution of small-pox mortality—Change in proportional fatality of small-pox at different ages, due to vaccination of young children—Increasing protection of young children from fatal small-pox—Experience of Metropolitan Asylums Hospitals in recent epidemic—Small influence of sanitary measures on small-pox.

CHAPTER V.

VACCINATION AS A PROTECTIVE AGAINST SMALL-POX.

Complete inaccuracy of allegation that vaccination has no power of preventing small-pox—Incomplete protection after puberty afforded by much of past vaccination Importance of re-vaccination—Effect of vaccination upon susceptibility to small-pox in the individual—Experience of last epidemic—Beneficial effects of vaccination most marked in mortality from small-pox—Varying protection afforded by different qualities of vaccination—Mr. Marson's evidence given before the House of Commons—Experience of Metropolitan Asylums Hospitals—Distribution of small-pox mortality amongst the unvaccinated and persons vaccinated with various degrees of completeness—Vaccination marks of patients at Homerton and Hampstead Small-pox Hospitals—Conclusion as to relative mortality amongst vaccinated and unvaccinated—Results of examination of vaccination marks of recruits—Mr. Marson on degrees of severity in small-pox after vaccination.

CHAPTER VI.

RE-VACCINATION.

Desirability of re-vaccination—Age at which it should be performed—Absolute protection afforded by re-vaccination to nurses of Small-pox Hospitals—Also to nurses and attendants of Metropolitan Asylums Hospitals—Protective influence of re-vaccination amongst soldiers and sailors—Marked decrease of small-pox mortality amongst these protected services—Concluding suggestions.

SUMMARY OF CONCLUSIONS.

APPENDICES.

A.—Official instructions for vaccinators under contract.
B. Letter of the Local Government Board on the subject of repeated vaccination prosecutions.
C.—Table I.—Small-pox mortality in England and Wales.
D.—Table II.—Annual mortality from small-pox in England and Wales, with the proportion of deaths to population and to total mortality, from 1838 to 1877 inclusive.
E.—Table III.—Small-pox mortality in England and Wales at various groups of ages in each of the thirty-two years, 1847-78.
F.—Table IV.—Cases and deaths from small-pox amongst the British troops serving in the United Kingdom for 18 years (1859-76).
G.—Table V.—Cases and deaths from small-pox in the British Navy employed on the home force for 20 years (1859-78).

Copies of the Pamphlet (Price One Shilling) may be obtained of all Booksellers, or will be sent post free by the Publishers on receipt of Stamps or Post Office Order.

LONDON: SMITH, ELDER, & CO., 15 WATERLOO PLACE, S.W.

SMITH, ELDER, & CO.'S PUBLICATIONS.

NEW EDITION OF HILL'S 'STUDENT'S MANUAL OF VENEREAL DISEASES.'

Now ready, THIRD EDITION, revised, Post 8vo., *2s. 6d.*

THE STUDENT'S MANUAL OF VENEREAL DISEASES.

BEING A CONCISE DESCRIPTION OF THOSE AFFECTIONS AND OF THEIR TREATMENT.

By BERKELEY HILL, M.D. Lond., Professor of Clinical Surgery in University College, London ; Surgeon to University College and the Lock Hospitals ; and by ARTHUR COOPER, late House Surgeon to the Lock Hospital.

Now ready, FOURTH EDITION, with Illustrations, fcap. 8vo., *6s.*

AUSCULTATION AND PERCUSSION, together with the other Methods of Physical Examination of the Chest.

By SAMUEL GEE, M.D.

Now ready, with Illustrations, demy 8vo., *8s. 6d.*

ST. BARTHOLOMEW'S HOSPITAL REPORTS. Vol. 18, 1882.

Edited by W. S. CHURCH, M.D., and JOHN LANGTON, F.R.C.S.

IN THE PRESS.

A System of Obstetric Medicine and Surgery,

THEORETICAL AND CLINICAL, FOR THE STUDENT AND THE PRACTITIONER.

By ROBERT BARNES, M.D., and FANCOURT BARNES, M.D. The Section on Embryology contributed by Professor MILNES MARSHALL.

Surgery: its Principles and Practice. By TIMOTHY HOLMES, M.A. Cantab., F.R.C.S., Surgeon to St. George's Hospital. Third Edition, with upwards of 400 Illustrations, royal 8vo., *30s.*

An Index of Surgery: Being a Concise Classification of the Main Facts and Theories of Surgery for the use of Senior Students and others. By C. B. KEETLEY, F.R.C.S., Senior Assistant Surgeon to the West London Hospital, Surgeon to the Surgical Aid Society. Crown 8vo., *10s. 6d.*

Human Morphology: a Treatise on Practical and Applied Anatomy. By HENRY ALBERT REEVES, F.R.C.S.E., formerly Demonstrator of Anatomy at the London and at the Middlesex Hospital Medical Colleges, and Lecturer on Anatomy at the London School of Medicine for Women ; Surgeon, and formerly Pathologist, to the Hospital for Women ; Surgeon to the Royal Orthopædic Hospital ; Surgeon to the East London Children's Hospital ; Assistant Surgeon and Teacher of Practical Surgery at the London Hospital ; Consulting Surgeon at the Westminster General Dispensary ; formerly Assistant Surgeon to the Central London Ophthalmic Hospital ; and Surgeon in co-charge of the Aural Department and Surgical Registrar at the London Hospital, &c. Now ready, with 564 Illustrations, 8vo., price *25s.*

Volume I.—Contents : THE LIMBS AND THE PERINÆUM.

'No one pretending even to teach Anatomy can afford to lay this book aside unread.'—*Medical Times and Gazette.*

The Essentials of Bandaging; for Managing Fractures and Dislocations ; for Administering Ether and Chloroform ; and for Using other Surgical Apparatus. With 134 engravings. By BERKELEY HILL, M.B. Lond., F.R.C.S., Professor of Clinical Surgery in University College ; Surgeon to University College Hospital and to the Lock Hospital. Fifth Edition, revised, fcap. 8vo., *5s.*

Syphilis and Local Contagious Disorders. Second Edition, entirely rewritten. By BERKELEY HILL, M.D. Lond., F.R.C.S., Professor of Clinical Surgery in University College, Surgeon to University College Hospital and to the Lock Hospital ; and ARTHUR COOPER, L.R.C.P., M.R.C.S., late House-Surgeon to the Lock Hospital, &c. Royal 8vo., *18s.*

'We have no hesitation in pronouncing it to be decidedly the best work on the subject in the English language.' *The Lancet.*

A Treatise on the Science and Practice of Midwifery. By W. S. PLAYFAIR, M.D., F.R.C.P., Physician-Accoucheur to H.I. and R.H. the Duchess of Edinburgh ; Professor of Obstetric Medicine in King's College ; Physician for the Diseases of Women and Children to King's College Hospital ; Consulting Physician to the General Lying-in Hospital and to the Evelina Hospital for Children ; late President of the Obstetrical Society of London ; Examiner in Midwifery to the University of London and to the Royal College of Physicians. Fourth Edition, 2 vols. demy 8vo., with 166 Illustrations, *28s.*

Antiseptic Surgery: its Principles, Practice, History, and Results. By W. WATSON CHEYNE, M.B., F.R.C.S., Assistant-Surgeon to King's College Hospital, and Demonstrator of Surgical Pathology in King's College. With 145 Illustrations, 8vo., *21s.*

Diseases of Women ; including their Patho- logy, Causation, Symptoms, Diagnosis, and Treatment. A Manual for Students and Practitioners. By ARTHUR W. EDIS, M.D. Lond., F.R.C.P. Second Edition, thoroughly revised, with numerous Illustrations, demy 8vo., *12s. 6d.*

'The work bears witness to having undergone conscientious revision and correction. It has taken a high place among the standard text-books in gynæcology.'—*British Medical Journal.*

A Treatise on the Theory and Practice of MEDICINE. By JOHN SYER BRISTOWE, M.D., Lond., F.R.S., Fellow and formerly Censor of the Royal College of Physicians ; Senior Physician to, and Joint Lecturer on Medicine at, St. Thomas's Hospital ; President of the Society of Medical Officers of Health ; Examiner in Medicine to the Royal College of Surgeons ; formerly Examiner in Medicine to the University of London, and Lecturer on General Pathology and on Physiology at St. Thomas's Hospital. Fourth Edition, 8vo., price *21s.*

Clinical Manual for the Study of Medical Cases. Edited by JAMES FINLAYSON, M.D., Physician and Lecturer on Clinical Medicine in the Glasgow Western Infirmary, &c. With Special Chapters by Professor GAIRDNER on the Physiognomy of Disease ; Professor STEPHENSON on Disorders of the Female Organs ; Dr. ALEXANDER ROBERTSON on Insanity ; Dr. SAMSON GEMMELL on Physical Diagnosis ; Dr. JOSEPH COATS on Laryngoscopy, and also on the Method of Performing Post-mortem Examinations. Crown 8vo., with numerous Illustrations, *12s. 6d.*

A Manual of Pathological Histology. By CORNIL and RANVIER. (Translated by authority from the New and Re-written French Edition, with the original Illustrations.) Histology of the Tissues. Demy 8vo., price *21s.*

'There can be no doubt that this manual is by a very long way the best in the English language, and we can heartily recommend it as a text-book.'—*Birmingham Medical Review.*

Elements of Human Physiology. By Dr. L. HERMANN, Professor of Physiology in the University of Zürich. Second Edition. Entirely re-cast from the Sixth German Edition, with very copious Additions and many additional Woodcuts. By ARTHUR GAMGEE, M.D., F.R.S., Brackenbury Professor of Physiology in Owens College, Manchester, and Examiner in Physiology in the University of Edinburgh. Demy 8vo., *16s.*

'An addition to English scientific literature of no small value. The work is one in every way worthy of its reputation. Comprehensive in its scope, it includes the by-paths as well as the highways of the science.'—*Lancet.*

LONDON: SMITH, ELDER, & CO., 15 WATERLOO PLACE.

NEPENTHE,

OR

ANODYNE TINCTURE.

Prepared exclusively from Opium.

THE SAFEST AND BEST PREPARATION OF OPIUM.

Produces neither Headache, Sickness, nor Constipation.

Messrs. FERRIS & COMPY. beg to direct the attention of the Medical Profession to the following important and unsolicited Testimonial to the value of NEPENTHE, which they have received from GEO. C. SEARLE, Esq., of Brixham, Devon, M.R.C.S., L.S.A., Medical Officer of Health, Brixham, &c. :—

'Brixham, October 1881.

'GENTLEMEN,—I should like to bring before your notice the very great benefit two patients of mine have derived, and are still deriving, from the continued use of NEPENTHE.

'The first case is that of an old lady nearly 80, who has been suffering now for many years from an ulcerated leg, accompanied at night with very great pain, so much so as to prevent her sleeping. About eight years ago I persuaded her to try a dose of NEPENTHE at bed-time, and she continued taking a dose regularly *every night ever since*, without any of the bad symptoms generally induced by the continued use of an opiate, but on the contrary is now, although so aged, in better health than she was eight years ago.

'The other case is that of a cancer of the face and neck (a very bad case): here there was an intensity of pain which nothing seemed to relieve, although opium, morphia, chloral, and every other sedative which could be thought of, had been tried. I at last tried the NEPENTHE, and the result has been an entire cessation of the pain, which has not yet returned, although he has had the medicine now for some weeks. I may mention that in the first case it has not been necessary to increase the dose, and in the latter not to any great extent, which I consider another great advantage NEPENTHE possesses over other preparations of opium.

'GEO. C. SEARLE.'

From 'THE LANCET,' December 18th, 1869.

'NEPENTHE, OR ANODYNE TINCTURE, prepared by Messrs. FERRIS & Co., Bristol.—This preparation really consists, as stated, solely of opium, resembling somewhat the liquid extract of the British Pharmacopœia. It is claimed for it that it does not produce headache, stupor, giddiness, depression of spirits, diminution of nervous energy, prostration of strength, nor constipation; it is doubtless less stimulating than those preparations of opium made with the solid and crude drug; and a further commendation of NEPENTHE is its uniformity of strength. The NEPENTHE intended for subcutaneous injection is of double the ordinary strength; and that it is really so we have verified by analysis.'

NEPENTHE may be used with perfect safety in every case where an opiate is indicated, and from the peculiar process by which it is prepared, it is deprived of all constituents which render the Tinctura Opii. and other forms of Opium, in very numerous instances wholly inadmissible.

It is also of uniform strength, and in this respect possesses high advantages.

NEPENTHE does not produce headache, stupor, giddiness, depression of spirits, diminution of nervous energy, prostration of strength, nor constipation, but induces natural and refreshing sleep.

DOSE—THE SAME AS THAT OF TINCTURA OPII. PRICE 8*s*. PER LB.
DOUBLE STRENGTH NEPENTHE FOR SUBCUTANEOUS INJECTION. PRICE 16*s*. PER LB.

MAY BE PROCURED DIRECT FROM THE SOLE MANUFACTURERS,

Ferris, Boorne, Townsend, and Boucher,

WHOLESALE AND EXPORT DRUGGISTS, BRISTOL,

And through all leading Wholesale and Retail Chemists in Great Britain and the Colonies.

NOTICE.—Messrs. FERRIS & CO. are the ONLY manufacturers of Nepenthe, and medical gentlemen are especially cautioned against using any preparation which does not bear their name and label.

Nepenthe is registered under the Trade Marks Act, and protected by a facsimile of our signature pasted over each cork, and is sent out in bottles from four ounces upwards, bearing a label in white letters upon a green ground.

N.B. Two pounds of Nepenthe, or one pound of Nepenthe and three pounds of Ferris & Co.'s Syrup of Chloral, will be sent, carriage paid, to any Railway Station on receipt of P.O.O. for Sixteen Shillings.

THE LONDON
MEDICAL RECORD.

MARCH 15, 1883.

CONTENTS.

LEADERS.

BAGINSKY ON RICKETS (W. H. Allchin, M.B.) 75
ANGEL ON THE BETHLEHEM HOSPITAL (Walter Pye) 76
MARTIN ON THE PATHOGENESIS OF ENDOCARDITIS AND CARDIAC SCLEROSIS (K. W. Millican) 77
GRIASNOFF ON AN EPIDEMIC OF ERGOTISM (V. Idelson, M.D.) 78
GRIESHEIM AND PFLÜGER ON THE PROPORTION OF THE SEXES IN 'RANA FUSCA' (Alban Doran) .. .. *ib.*
BUCHANAN ON A CASE OF ACUTE FŒTID EMPYEMA, TREATED BY INCISION INTO THE PLEURAL CAVITY, WITH COPIOUS ABLUTION; RAPID RECOVERY 79
LANDOLT ON PEROXIDE OF HYDROGEN IN OPHTHALMIC PRACTICE (Litton Forbes) 80

SURGERY.

RECENT PAPERS. SELECTED ABSTRACTS: Vener on a Case of Successful Gastrostomy for Complete Stricture of the Œsophagus.—Sklifosovsky on Aneurism of the Orbit treated by Ligature of the Common Carotid Artery.—Suprunenko on a Case of Strangulated Hernia treated by Electricity.—Sarmatsky on a Case of Penetrating Wound of the Abdomen (V. Idelson, M.D.).—Gritti on the Surgical Cure of Spermatalgia.—Tansini on the Thermo-galvanic Cautery and Knife for the Incision of the Prostate in Prostatic Ischuria.—Brichetti on Extra-peritoneal Nephrectomy.—Nuñez on a Case of Traumatic Tetanus: Cure (G. D'Arcy Adams, M.D.).—Bogmoloff on Lacerated Wound of the Abdomen.—Fischer on a Case of Gastro-Enterostomy.—Bruntzel on Removal of the Kidney (Alban Doran).—Jordison on a Case of Recovery after a Broken Neck.—Morris on Hæmorrhage into the Cavity of the Arachnoid.—Williams on the Osseous Lesions of Locomotor Ataxy.—Brown on Non-Traumatic Extraperitoneal Rupture of the Bladder.—Treves on Perforating Ulcer of the Foot and Progressive Locomotor Ataxy.—Thornton on Mesenteric and Omental Cysts.—Sympson on Traumatic Aneurism of the Facial Artery (R. Neale, M.D.) 81

THERAPEUTICS AND PHARMACOLOGY.

RECENT PAPERS. SELECTED ABSTRACTS: Bianchi on Convallaria.—Morselli on Paraldehyde.—Morselli and Buccola on Cocain (W. R. Huggard, M.D.).—Clemens on the Treatment of Diabetes.—The Manufacture of Cod Oil in America (W. Murrell, M.D.).—Gerrard on Gelsemine.—Jette on the Treatment of Prolapsus of the Rectum by Hypodermic Injections of Ergot.—Hayem on the Utility of Hypodermic Injections of Ether in Cases of Imminent Death from Hæmorrhage.—Korczynski on Nitro-glycerine as a Therapeutic Agent.—Bert and Regnard on the Influence of Oxygenated Water on Virus and Venom.—Boutmy and Foucher on the Preparation of Nitro-glycerine.—Vigier on Mercurial Glycerite 85

MEDICINE.

RECENT PAPERS. SELECTED ABSTRACTS: Passerini on the Connection between Disease of the Abdomen and of the Right Heart (W. R. Huggard, M.D.).—Gonzalez on Intermittent Fever Simulating Asiatic Cholera.—Kispert on Small-pox without Eruption (Walter Pye) 88

OBSTETRICS AND GYNÆCOLOGY.

RECENT PAPERS. SELECTED ABSTRACTS: Breus on Puerperal Eclampsia.—Rodenstein on the Significance of Prolonged Gestation.—Joriseune on a New Sign of Pregnancy (J. Phillips, M.B.).—Gaunt on the Treatment of Puerperal Mastitis by Iodide of Lead Ointment.—Sinclair on Super-involution of the Uterus 89

PATHOLOGY.

RECENT PAPERS. SELECTED ABSTRACTS: Ivanoff on Cerebral Changes in Rabies and Uræmia (V. Idelson, M.D.).—Atkinson on Abscess of the Brain and Pharynx, complicated with Tumour of the Brain.—Manson on Lymph-Scrotum.—Thomas on the Life-History of the Liver-Fluke (R. Neale, M.D.).—Burger on the Whooping-Cough Fungus (W. B. Kesteven, M.D.).—Balogh on the Tubercle-Bacillus.—Vallat on Hyaline or Fibrinous Degeneration.—Steven on Tuberculosis of the Uterus and Fallopian Tubes (R. Saundby, M.D.).—Parada on Anomalous Development of Parts about the Bronchial Clefts (Walter Pye).—Tizzoni on the New Formation of Liver-Substance (W. R. Huggard, M.D.), &c. 90

PHYSIOLOGY.

RECENT PAPERS. SELECTED ABSTRACTS: Genzmer on the Activity of the Senses in New-born Infants.—Ellenberger and Hofmeister on the Effects of Mechanical Suppression of the Cutaneous Functions (W. B. Kesteven, M.D.).—Eckert on the Measurement of the Blood-pressure in Children (V. Idelson, M.D.).—Marianini and Numias on the Position of the Heart's Impulse.—Bizzozero on the Origin of the Red Corpuscles in the different Classes of Vertebrata.—Golgi on Compensatory Hypertrophy of the Kidney (G. D'Arcy Adams, M.D.).—Binz on the Action of Ozone on Blood.—Hoppe-Seyler on the Physiological Behaviour of Orthonitrophenylpropiolic Acid.—Salkowski on the Changes which certain Aromatic Acids, produced by the Fermentation of Albumen, undergo in the Animal Body.—Salkowski on the Formation of Urea and the Changes which Amido-benzoic Acid undergoes in the Animal Organism.—Marshall on the Determination of the Molecular Weight of the Hæmoglobin of the Dog (M. Hay, M.D.), &c. 93

OPHTHALMOLOGY.

RECENT PAPERS. SELECTED ABSTRACTS: McKay on Eye Diseases dependent upon Suppression of Menses.—Hermann on Colour-blindness (Alban Doran).—Taylor on Transplantation of the Skin *en masse* in the Treatment of Ectropion and other Deformities.—Benson on the Treatment of Partial Trichiasis by Electrolysis.—Adams on Peroxide of Hydrogen in Ophthalmic Disease (R. Neale, M.D.).—Saundby and Eales on Changes in the Fundus Oculi in Anæmia (R. Saundby, M.D.).—Mazza on Total Calcareous Degeneration of the Crystalline Lens (G. D'Arcy Adams, M.D.).—Masse on Grafting Corneal Tissue on the Iris (W. A. Brailey, M.D.), &c. 96

TOXICOLOGY.

RECENT PAPERS. SELECTED ABSTRACTS.—Davidson on Poisoning by Ergot of Rye.—Macleod on a Novel Method of Committing Suicide (R. Neale, M.D.).—Bocci on the Poisonous Action of Human Urine (R. Saundby, M.D.).—Ruge on a Case of Poisoning by Carbolic Acid (W. B. Kesteven, M.D.).—Bonaccorsi on the Antagonism of Opium and Nicotin (G. D'Arcy Adams, M.D.), &c. 99

DISEASES OF THE THROAT.

RECENT PAPERS. SELECTED ABSTRACTS: Wood and Formad on Diphtheria.—Weist on Foreign Bodies in the Air-passages.—Mackenzie on Tubercular Tumours of the Windpipe and Tuberculosis of the Laryngeal Muscles.—Brown-Séquard on the Possibility of Introducing a Tube into the Larynx without causing Pain or Irritation.—French on Photographing the Larynx.—Bregen on Wound of the Larynx.—Kraicz on Œdema of the Glottis.—Harrison on Fracture of the Thyroid Cartilage.—Landerer on Extirpation of the Larynx and Pharynx.—Herz on Chronic Pharyngitis and Retropharyngeal Adenitis in Children, &c. (W. J. Walsham) 100

DISEASES OF THE NERVOUS SYSTEM.

RECENT PAPERS. SELECTED ABSTRACTS:—Godneff on Aphasia.—Skolosuboff on two Cases of Disseminated Cerebro-Spinal Sclerosis (V. Idelson, M.D.).—Marie on the Conditions of the Pupils in Epileptics, apart from Attacks.—Charcot and Richer on the Different Degrees of Nervo-Muscular Superexcitability during Hypnotism.—Féré on Unusual Cases of Hystero-Epilepsy.—Huchard on the Character, Habits, and Mental Condition of Hysterical Women.—Estore on Electric Resistance in Hemi-anæsthesia.—Shoemaker on Weight and Pulley Extension in Sciatica.—Rumpf on the Treatment of Tabes Dorsalis.—Friedreich on the Treatment of Hysteria.—Ebstein on the Causes of Abdominal Tympanites in Hysteria.—Hirschberg on Impaired Vision in General Paralysis of the Insane (J. Althaus, M.D.), &c. 105

DERMATOLOGY.

RECENT PAPERS. SELECTED ABSTRACTS: Pontoppidan on the Etiology of Lupus.—Pontoppidan on Yaws and Framboesia.—Caspary on Molluscum Contagiosum.—Mandelbaum on Universal Telangeiectasis of the Skin.—Rohé on Acute General Psoriasis following Vaccination.—Bulkley on Acne Atrophica.—Atkinson on Tubercular Leprosy originating in Contagion.—Bartoszewicz on the Treatment of Cutaneous Diseases by Scarification.—Geber on a Case of Epithelioma Molluscum.—Irsai and Babesin on the Influence of the Nervous System on Pathological Changes in the Skin.—Doutrelepont on the Distribution of Skin-Rashes.—Unna on Medicated Spray.—Koller on a Skin Eruption caused by Parasites in Barley, &c. (G. Thin, M.D.) 111

DISEASES OF CHILDREN.

RECENT PAPERS. SELECTED ABSTRACTS: Southey on Symmetrical Gangrene of the Skin of the Abdomen in a Child.—Pocock on Acute Rheumatism in an Infant, &c. 115

REVIEWS.

AVELING, J. H., M.D. The Chamberlens and the Midwifery Forceps (Fancourt Barnes, M.D.) 116
RANNEY, A. M., M.D. Practical Medical Anatomy .. .. *ib.*
PLAYFAIR, W. S., M.D. The Systematic Treatment of Nerve-Prostration and Hysteria (A. T. Myers, M.D.) 117
STEPHEN, Mrs. Leslie. Notes from Sick Rooms (J. C. Steele, M.D.) .. .. *ib.*
NOTES ON BOOKS 118

NEW INVENTIONS.

Tricycles for Lame Persons and Invalids.—The Casella-Goolden Doubly Adjustable Electrical Sixe's Thermometer.—Rimmel's Aromatic Ozoniser 118

DIETETIC NOVELTIES.

Australian Wines 120

MISCELLANY 120

WRIGHT'S LIQUOR CARBONIS DETERGENS.

See Testimonials of entire Medical Press and from leading Dermatologists.

THE PRACTITIONER of September 1881, reports a lecture entitled 'Recent Advances in the Therapeutics of Diseases of the Skin,' by Professor W. A. JAMIESON, M.D., F.R.C.P. Ed. The following is an abstract therefrom :—'Itching, which owes its origin to too slow a current of blood, of which the most typical example is that seen in **Eczema** connected with varicose veins of the leg—but to the same category also many examples of Pruritus Scroti, Labiorum and Ani may be referred—is best relieved by careful flannel bandaging, well applied suspensory bandages, and laxative salts or mineral waters, which unload the rectal veins by freeing the portal circulation, combined locally with **weak tarry lotions**, one of the best of which is **Wright's Liquor Carbonis Detergens**, a well-made **alcoholic solution of Coal Tar**, suitably diluted.

From **THE LANCET**, Dec. 22nd, 1866 :—'In our hands it has been a most effective agent in skin diseases, especially of the chronic eczematous class ; and one case of psoriasis, which had resisted all other kinds of treatment, speedily got well under the application of the **Liquor Carbonis Detergens**. We esteem it a very valuable addition to our list of skin remedies.'

From the **MEDICAL TIMES & GAZETTE**, January 19th, 1867 :—'We have more than once called attention to the value of this remedy in **chronic eczema.**'

From the **BRIT. MED. JOUR.**, Sept. 22, 1871 :—'We have tested it, and can affirm its value as a detergent agent. We consider the Liquor is an article of great utility.'

From the **BRITISH MEDICAL JOURNAL**, April 1st, 1882 :—'This is by no means a new preparation, for it has been in extensive use for many years. It is an alcoholic solution of coal-tar, and is a disinfectant of considerable value. Medicinally, it is often used for the destruction of pediculi, and as an external application in eczema, psoriasis, and other skin diseases.'

Kept in stock and sold by all Druggists (Wholesale and Retail) throughout the United Kingdom and Colonies.

Proprietors : W. V. WRIGHT & CO., Southwark Street, London.

UMNEY'S FLUID EXTRACT OF CINCHONA.

Lancet.—'An excellent preparation : contains all the alkaloids of the Bark.'

Med. Times & Gaz.—'An excellent, elegant, reliable, and very convenient preparation.'

Pharmaceutical Journal.—'Excellent preparation, furnishing the constituents of the Bark in a concentrated form.'

Chemist and Druggist.—'Pharmaceutically worthy of the valuable medicine which it represents.'

Medical Press and Circular.—Used in hospital and private practice with the most satisfactory results.'

At Medical International Congress, London, the Indian Bark was declared to be the bark of the future.

Extensively used in private and hospital practice, on account of its ELEGANCE, MEDICINAL VALUE, and MODERATE COST.

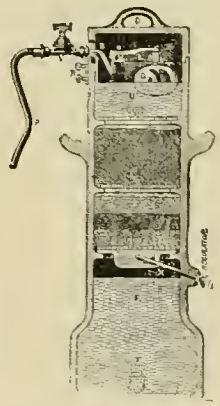
Made from Bark of Cinchona Succirubra, as grown in Government Plantations of British India.

See opinions of Medical and Pharmaceutical Press, and testimony as to its superiority over all other Fluid Preparations of Cinchona.

Price 10s. 6d. per lb.

To be obtained of all Druggists (Wholesale and Retail) in the United Kingdom. In ordering, specify 'UMNEY'S.'

WRIGHT, LAYMAN, AND UMNEY.
SOUTHWARK, LONDON, S.E.



Self-Filling or 'Special' Ball-Cock Filter.

THE SPONGY IRON FILTER.

Officially proved to be the ONLY PREVENTIVE of TYPHOID.

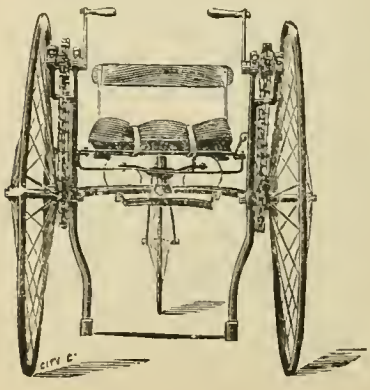
EXTRACTS FROM OFFICIAL REPORTS, POST-FREE.

EXCLUSIVELY RECOMMENDED BY ALL AUTHORITIES.

Used in all the Royal Residences of the Queen ; in the different Government Departments ; in Hospitals, Asylums, Schools, &c.

PRICES from 17s. 6d. to £20.

SPONGY IRON DOMESTIC FILTER COMPANY,
22 NEW OXFORD STREET, LONDON, W.C.



BY ROYAL LETTERS PATENT.

THE FAVOURITE HAND TRICYCLE FOR LAME PERSONS,

Is similar in appearance to an ordinary Tricycle, but worked by the hands only.

'For the infirm it is invaluable, and undoubtedly supplies a long-felt want.'—*Sanitary Record.*

THE DREADNOUGHT (Hand and Foot) TRICYCLE.

For Particulars apply to the Sole Patentees and Manufacturers.

THE MANCHESTER TRICYCLE COMPANY,
14 EXCHANGE ARCADE, DEANSGATE, MANCHESTER.

The London Medical Record.

Article 246.

BAGINSKY ON RICKETS.

The second of the series of monographs upon diseases of children, by Dr. Baginsky, is devoted to rickets, and in 120 pages the author gives a clear and concise account of the disease, which he has had extensive opportunities of studying. Introducing his subject by stating that the original description by Sydenham still remains the best, he reminds us that from the earlier part of the seventeenth century, when the disease was named by Glisson, up to the present day, few maladies have been so widely treated of; notwithstanding which, we are still far from an exact comprehension of its essential nature. In his opinion there still remain the questions :—Is the disease a local affection of the skeleton, or a constitutional malady? And what is the nature of the cause that brings it about? To answer these, he brings to bear his observation of upwards of 600 cases ranging in age from three months to thirteen years.

In the course of a graphic description of a typical case of rickets well worth quoting, did space permit, in its entirety, the author prominently draws attention to the influence of age on the character of the symptoms, showing that when the disease appears in older children the malformations of the skull, as compared to those of the thorax, spinal column, and extremities, are usually slight. And again, whilst the disturbances of digestion, respiration, and the nervous system are more marked in younger children, after the end of the second year little more than the skeletal deformity may be observed, except for which the child might be almost considered healthy.

As the result of a very considerable number of weights and measurements, Dr. Baginsky concludes that the deficiency in body weight and length, which is met with, is an expression of a very severe disturbance of the general nutrition, and may be represented by the quotient obtained from the division of the length by the weight, which is less than that in health; also that the relative proportion between the head and thorax is smaller than it should be.

Respecting the influence of rickets on dentition, the author states that, whilst normally the milk-teeth are cut between the seventh month and end of the third year in groups of two and four, in the rachitic cachexia the eruption begins and concludes three months later, and does not occur as a rule in groups. Again, the rickety teeth do not last as long as the healthy, but are good, provided the morbid change is not established until most of the teeth have been cut.

The changes in the skeleton induced by rickets are well described, though with but little addition to our knowledge. In the skull, the alterations are due to coincident atrophy and hyperplasia of the osseous tissue, although the former process is best marked in the earliest months. As to the time of the growing together of the sutures and closure of the fontanelles —a still debated question—the author's experience agrees with that of Ritter. In more than half the cases, the fontanelles were closed by the eighteenth month, and in some cases even by the eleventh.

In addition to the deformity of the jaws described by Fleischmann, which consists in a flattening and angularity of the lower jaw with incurvation of the alveolar margin and a corresponding portion of the teeth, the writer describes an occasional want of symmetry between the two halves of the bone, which produces the appearance of one side thrusting over or being higher than the other. The course of the disease is stated to be mainly determined according to the part of the skeleton which happens to be most actively growing at the time of its onset.

Passing on to the affections of the viscera with the symptoms to which they give rise, we may note the author's remarks on laryngeal spasm, which, he considers, may be due to several causes. Sometimes the convulsions are anæmic in origin, especially through cardiac arrest from peripheral irritation of the organs. Severe dyspepsia determines them in other cases, by stimulation of the vaso-motor centres from gastric irritation.

The systolic cerebral murmur, first described by Fischer in 1852, Dr. Baginsky agrees with Epstein in considering to be a clinical phenomenon definitely related to rickets, since the majority—though not absolutely all—the cases in which it is to be noticed are rickety children. The cause of the *bruit* he regards as still to be discovered; and though admitting that pressure on the carotid arteries may give rise to a sound that can be heard in the skull, he is far from thinking that this pressure is invariably produced by enlarged lymphatic glands.

The relationship of rickets to disturbance of digestion is shown to be most close. There is, in short, no rickets without such disturbance, and many cases are to be traced entirely to it. The forms that the dyspepsia takes are very varied; sometimes acute vomiting and intestinal catarrh, with a lingering diarrhœa; sometimes constipation, alternating with diarrhœa, or even becoming intractable; but in all cases there is extreme emaciation. In reference to the very interesting question of hepatic and splenic enlargement, the author's conclusions as regards the liver are entirely negative; whilst, as regards the spleen, he concludes that, though usually enlarged, it is not invariably hypertrophied in rickets. Similarly, swelling of the lymphatic glands is not a constant symptom, nor indeed dependent on rickets. The relaxed and flabby condition of the muscular system, the anæmic and shrunken integuments, and the profuse sweatings, especially of the head, are all referred to, but without any addition to our knowledge.

Speaking of the very debatable subject of so-called 'acute rickets,' Baginsky quotes two cases accompanied with high temperature, which in the absence of other pathological conditions was only to be referred to the existing rickets, and concludes that the designation of acute rickets is only to be applied to those cases of acute or subacute epiphysal swellings with more or less pyrexia, with secondary affection of bone. Upon the characters of the excreta, the writer makes some valuable observations based on his own analyses. The total quantity of urine in twenty-four hours varies very considerably, and ranges in specific gravity from 1·010 to 1·040, and except there be complications, abnormal constituents are not met with. It appears that the nitrogen is much more readily lost by the rickety than by the healthy child, whilst the reverse obtains as regards

the phosphoric acid. The lime and magnesia salts are voided in the same proportions as in health, and the former are liable to disappear entirely from unknown causes, as occasionally is the case in health. There is a diminution in chlorine in the urine of rickets. For every kilogramme of body-weight the stools contain a greater amount of lime in rickets, whilst the phosphoric acid remains about normal.

The author mainly adopts Virchow's view as to the nature of the rachitic process, attributing the weakness and fragility of the bones to the deficient calcification, whilst microscopically there is seen irregularity of the line of ossification, so that the cartilage extends into the calcified zone, with deposits of lime scattered in the cartilage itself.

With this extension of the medullary spaces and vessels beyond the limits of calcification, there is an abundant formation of osteoid tissue, through direct transformation of cartilage-corpuscles into osteoblasts. This so-called metaplastic ossification is the view adopted by Strelzoff. A *résumé* is given of the views of Kassowitz and Schwalbe, the latter of whom considers that the lamellar transformation of bone takes place very slowly in rickets, whilst there is abundant formation of reticular osseous tissue, producing such a condition of osteoporosis as might result from inflammation; indeed, Baginsky is disposed to regard rickets as a form of chronic inflammation, in which the development of the vessels and distribution of the nutritive material are the chief determining conditions of the process.

His analysis of the bones in young cases of well-marked rickets corresponded with those of other authors, but he failed to confirm the observation of Marchand and Lehmann that glutin was absent.

The subject of etiology is treated at length. The disease certainly appears most frequently in the second year of life; and, on the whole, the writer is disposed to doubt the influence of heredity in its production, notwithstanding Ritter's views to the contrary. As regards the influence of the constitution of the parents in its development, Baginsky altogether denies the view of Parrot, that rickets is a form of congenital syphilis, though he admits its frequent, or even more frequent, occurrence in syphilitic children: but, at the same time, he has met with severe cases of congenital syphilis where no rickets existed. No direct relationship can be said to exist between rickets and phthisis. In cases of the latter the anæmia, malnutrition, and wasting play an active part in the deficient tissue-nourishment, whether of fœtus or of infant.

The advanced age or extreme exhaustion of the parents exert any influence they may have in the same way.

The feeding of the child and other points of general hygiene are also considered in reference to their share in causation, but without any noteworthy remark.

Discussing the question of pathogenesis, the writer concludes that no one disturbing cause is sufficient to induce rickets, and shows by an extensive series of experiments that the withdrawal of lime salts from the food produces anomalies in the bones anatomically identical with those of infantile rickets; that they are arrested in their growth in length but are much increased in thickness, especially at the epiphyses, the microscopic structure of which exactly resembles rickets; further, that the osseous tissue under such conditions yields less ash relatively to the animal matter. The general nutrition of the body, so far as mere weight is an indication, does not seem to suffer, but the tissues, especially the muscular, are flabby and anæmic. The simultaneous administration of lactic acid intensifies all these symptoms.

Everything points, the author considers, to the regarding of rickets as a genuine dyscrasia, which determines a severe disturbance of the general nutrition; and he attributes the predominance of the skeletal affections to the active growth taking place in the bones at the time when the disease is developed.

The brief chapter on treatment indicates nothing new, but occasion is taken to refer to the small therapeutic value of lime salts.

Only the briefest abstract has been attempted in the foregoing lines; those portions having been especially selected which the author has more peculiarly made his own, but enough has been said to show that the work is probably the most able extant upon the subject. W. H. ALLCHIN, M.B.

ARTICLE 247.

ANGEL ON THE BETHLEHEM HOSPITAL.

THE impressions a visit to the Bethlehem Hospital produces on a Spanish physician, are related in a letter from Dr. Martinez Angel to the *Siglo Medico* of Madrid. Dr. Angel's remarks are on the whole flattering, although he does not give indiscriminate praise. He is much struck by the fact that the hospital, with many others, is supported by voluntary charity, and compares the willing help which in England is given by all, rich and poor, to charitable institutions with the habit abroad of throwing all upon the 'Government,' and making 'Government responsible for every fault, when,' as he says, 'the poor thing hardly knows how to keep itself in office, and its head above water.' Again, the care shown in the decoration of the wards, and the amusement of the inmates by ladies and others who voluntarily give their time to this form of useful work, is evidently to Dr. Angel something new, and worthy of especial admiration: and he gives just value to the curative action of pictures, flowers, and games.

The cleanliness and absence of smell in the wards are praised in terms which raise suspicions as to the condition of some Spanish hospitals. Indeed, when he speaks of 'cleanliness, that *substitute* for antisepsis,' we seem to have an explanation of many of the shortcomings of hospitals abroad.

Dr. Angel describes clearly and correctly enough the plan and arrangements of the building, and admires greatly the dietary and arrangements for bathing.

Equal praise, too, is given to the theatre, reading room, &c.; but from his description of the way in which the patients are classified, it is to be feared that his readers will hardly be enlightened. Through some misunderstanding, he says that there are three classes of patients here detained—the *fractory*, the *refractory*, and the *wrong* cases. These latter are evidently, through a verbal misapprehension, the 'chronic' cases, and we suppose that the other terms are used in mistake for tractable and intractable. Finally, Dr. Angel discusses the condition of the law as to criminal responsibility in the insane, which, he appears to consider, favours the criminal unduly. He propounds the ingenious theory that the reason

why all the authors of the attempts on the Queen's life have been found to be insane, is due to 'a Mephistophelian policy which tries to inculcate in the masses the idea that no one but a madman could raise his hand against the sacred life of "Her Majesty the Queen."' WALTER PYE.

ARTICLE 248.

MARTIN ON THE PATHOGENESIS OF ENDOCARDITIS AND CARDIAC SCLEROSIS.

IN the *Revue de Médecine* for February, Dr. Hippolyte Martin says 'that in the majority of cases affections of the heart are of general causation.' Endocarditis is the most frequent of cardiac diseases, and he divides its anatomical lesions into exudative, suppurative, and proliferative. The endocardial diseases he divides into those of *valvular* and those of *vascular* origin, either of which may be acute or chronic.

After describing the minute anatomy of the cardiac valves, he recalls the statement of MM. Potain and Rendu 'that in acute endocarditis the edges of the mitral valve have the unenviable privilege of suffering the first attacks of the disease; the irritation shows itself there by a thickening, tumefaction, and *abnormal vascularity of the free border*, which becomes transformed into a more or less thick ridge.'

As regards acute endocarditis, the lesion in the exudative form consists merely of small mammillated fibrinous warts near the free border of the valve, enclosing a few lymphoid cells. This form does not usually become chronic, nor entail subsequent cardiac mischief. But the proliferative form, typified in rheumatic endocarditis, is chiefly characterised by a mammillated reddish ridge on the ventricular surface of the valve, formed of stratified fibrine, beneath which is a layer of embryonic new formation, and an endarteritis so intense as to render the vessels in parts almost impermeable. This endarteritis, starting from the vessels in the free border of the valve, spreads in one direction down the chordæ tendineæ, and in another towards the cardiac walls, becoming less marked and finally disappearing as it becomes farther removed from the pathological new formation, with which it is contemporary.

The chronic form presents two classes of lesions. In the one, the valve is studded with hard fibrous vegetations, possibly atheromatous, but is uncontracted, as are also the chordæ tendineæ. In the other, however, there is extensive valvular deformation, and the auriculo-ventricular orifice is greatly narrowed.

The fibro-embryonic ridge of the acute form gives place to several small hard blanched vegetations; fibrous tissue extends over the ventricular surface of the valve, and the vessels are few and scarcely perceptible. Radiating centrifugally from the vegetations is an extensive endarteritis, resulting in the complete disappearance of many vessels, and a contraction of the neoplastic fibrous tissue, more extensive and irresistible as the vascular obliteration is more advanced. The auriculo-ventricular ring, chordæ tendineæ, musculi papillares, and even the cardiac walls, show bands of fibrosed tissue and vascular obliteration—the result of endarteritis.

From the valvular lesion, two processes may originate. The first, muscular hypertrophy, is physiological. The second, or pathological process, consists of valvular and juxtavalvular endarteritis with periarteritis, whence radiates a sclerosis, which may extend throughout the myocardium of the left ventricle. The necessary consequences are (1) progressive diminution of blood-supply by vascular contraction; and (2) muscular enfeeblement.

The facts that this radiating sclerosis attacks the chordæ tendineæ and the musculi papillares from the first; that the vessels of these structures and of the auriculo-ventricular ring are the subjects of endarteritis; and the possible affection of intrinsic nerve-ganglia about the ring, are more than enough to counterbalance the compensating hypertrophy. And the result is ineffectual cardiac contraction and fatal passive congestion.

As regards the aortic valves, the author believes that there, too, arteritis and sclerosis follow a progressive evolution from the valve to the cardiac wall.

The part he assigns to endarteritis in the causation of cardiac affections coincides well with the parasitic theory of rheumatism (Klebs). It is to be noted that the valves come into contact, not by their borders, but by small surfaces or 'facets of contact;' and the author admits the possibility of particles circulating in the blood, whether germs or otherwise, becoming imbedded in the valves during contact; but he also calls attention to the fact that the blood is violently compressed in the capillaries of the 'facets of contact,' and he asserts that the excessive friction may be an important factor.

He then calls attention to the relation between the valvular and annular contraction of chronic endocarditis, and the vascular obliteration in the sclerosed tissues, and asserts that the contraction of the neoplastic tissue of the acute stage is the result of malnutrition caused by vascular obliteration from endarteritis; in support of which view he instances a similar process in other organs, notably the liver, where the absence or presence of obliterative endophlebitis determines a non-contracting or a contracting fibrosis.

Under the heading of cardiac affections of vascular origin, the author commences with chronic affections. Regarding 'renal heart,' or the 'cardiac hypertrophy of interstitial nephritis,' he rejects Traube's mechanical theory in favour of Gull & Sutton's generalised arterio-capillary fibrosis. For, though cardiac hypertrophy is the most prominent feature, a closer study of the organ reveals the pearly tint and resistance to the knife of hyperplasia of connective tissue. While the two principal lesions of endocarditis, then, are found here also, viz., muscular hypertrophy and connective-tissue neoplasms, the essential distinction is to be found in their origin. For, the greater the hypertrophy and fibrosis, so much the more developed is the vascular lesion, which may even be generalised in all the branches of the vascular tree. This lesion is endarteritis, which causes a dystrophic sclerosis, presently reinforced by a radiating sclerosis originating a secondary periarteritis, which principally affect the pillars and fleshy wall of the left ventricle. The muscular hypertrophy is due to progressive circulatory embarrassment.

In both valvular and vascular lesions, therefore, the same result is attained, viz., sclerosis, causing muscular enfeeblement, visceral engorgement, and systolic stasis; the difference being that in one case the starting point is a singular valvular focus, in the other, several vascular foci.

The rarity of death from vasculo-cardiac disease he considers due to the fact that the kidney being

thrown out of gear, organic poisoning, resulting from deficient elimination, causes death before asystolia can occur.

The causes of chronic cardiac disease of vascular origin he takes to be morbid states of the blood with circulation of irritating agents, as in alcoholism, lead-poisoning, gout, &c.

As regards acute cardiac affections of vascular origin, the author records a case where a patient with old heart-mischief, who succumbed during an attack of typhoid fever, showed in the intracardial vessels, in place of the epithelioid coat, a thick lining of old standing fibrous bundles, the result of previous endarteritis; and within this, and bounding the vascular lumen, a layer of superposed round cells, staining vividly and possessed of all the characteristics of embryonic cells, thus clearly indicating that the morbid endarterial process had been evolved at different times. K. W. MILLICAN.

ARTICLE 249.

GRIASNOFF ON AN EPIDEMIC OF ERGOTISM.

DR. P. GRIASNOFF presented to the Poltava Medical Society a report (*Zdorovje*, March 1882) on seventeen cases of raphania, which occurred during the period from July till the middle of Oct. 1881, in several districts of the Poltava Government. (According to the official data, this epidemic attacked 101 subjects, twelve of whom died; the author's cases include only the patients admitted to the town hospital.) The age of the patients varied from 12 years to 45; as to the sex, thirteen were male and four female. All were villagers belonging to the working classes. Four patients (two males, two females) died. The following symptoms were observed:—formication under the skin (in a few); agonising pains and numbness in the extremities, especially in the calves, and sleeplessness (in all); spasms (in five); loss of appetite (in all but one); headache, nausea, and vomiting (in a few); exhaustion and diarrhœa, weak and accelerated pulse (in all). In all but one case gangrene developed, being of the humid variety in eight, and of the dry in seven; all these patients presented a high temperature (104° Fahr. and more) with evening exacerbations. Gangrene attacked in one case two toes; in one, four toes and a part of the metatarsus; in one, a great toe and the first metatarsal bone; in three, the whole of the right foot; in one, both feet; in six, a foot and a part of the corresponding leg; in one, the right foot and the left leg; in one, both legs, the whole right forearm, and one left finger; and in one, a part of the left forearm. Three of the patients, with gangrene of two or more extremities, died. In the remaining thirteen the following operations were performed:—in one, amputation of the thigh; in six, amputation of the leg; in two, Pirogoff's amputation; in one, amputation through the metatarsus; in one, amputation of two metatarsal bones; in one, exarticulation of a metatarsal bone and a toe; in one, amputation of the forearm. One of the patients operated on died (from pyæmia). In twelve all symptoms disappeared mostly within a short time after the operation, and recovery followed. The treatment before the operation consisted in faradisation, fomentations with turpentine and camphorated oil, and the internal administration of quinine, carbolic acid, camphor, and wine. The quantity of ergot present in the rye-meal which had been used by the patients proved to be not higher than 1 per cent. [In the LONDON MEDICAL RECORD, Oct. 1880, pp. 411–12, is reported Dr. Sviatlovsky's paper on the epidemic of ergotism in the Novgorod Government.—*Rep.*] V. IDELSON, M.D.

ARTICLE 250.

GRIESHEIM AND PFLÜGER ON THE PROPORTION OF THE SEXES IN *RANA FUSCA*.

DR. G. BORN, through researches made about two years since, discovered that, if frog-spawn were artificially fertilised and the tadpoles allowed to grow to maturity, ninety-five per cent. were found to be females. These tadpoles had been fed on meat, and Dr. Born attributed this increase in the proportion of females to the alteration of the natural diet; hence he infers that sex is determined by circumstances affecting the ovum after impregnation. The average natural proportion of the sexes in frogs under a year old had been ascertained by Griesheim to be 36·3 per cent. males and 63·7 per cent. females. Pflüger more recently arrived at nothing but negative results, by fertilising frog-spawn by spermatic fluid removed from frogs at the breeding season and out of that season, and even from the testes of aged frogs. The ova in all cases hatched out, and the proportion of the sexes remained nearly the same in all cases. He next proceeded to collect spawn from Utrecht, Königsberg, Glarus, and Bonn, and fertilised and reared the different samples in separate tanks at Bonn, protecting the tadpoles carefully. The percentage of young male frogs then proved to be as follows; from Utrecht spawn, 13·15; from Glarus spawn, 22·4; from Bonn spawn, 35·7; and from Königsberg spawn 48·5. Pflüger then ascertained the natural proportion of the sexes when the eggs were laid and hatched, under protection, in their native pools. The percentage of young males was then found to be—Utrecht, 13·2; Königsberg, 46·9; Bonn, 35·5. This closely corresponds with the percentages obtained when the spawn was removed to Bonn, and Pflüger infers that the sex of frogs is determined in the ova before impregnation. Differences of water, climate, food, and method of impregnation exerted little influence on the proportion of sexes. In estimating the same proportion in frogs that had reached the second year of adult life, in their native waters, protected from predatory animals, the percentage of males was:—at Utrecht, 47·5; at Königsberg, 50·0; at Bonn, 51·0. Thus the ratio for old frogs is nearly the same at Bonn and Utrecht, though very different in the case of young frogs.

Pflüger (*Archiv für Gesammt. Phys.*) explains this fact by showing that an irregular hermaphroditism exists in young frogs, the genital gland retaining the external aspect of an ovary when it ultimately is destined to be a testicle. This ultimate change is not complete till at the beginning of the second year. This irregular hermaphroditism is a matter of race; in the pools near Königsberg it hardly exists, hence the similar percentage of young male frogs and male frogs in their second year, the testes developing to perfection very early. In Bonn this temporary hermaphroditism is common, in Utrecht still more frequent. In order to test deeper questions relating to sex, Pflüger rightly observes that frogs from

Königsberg must be selected, since in them confusion of sex owing to irregular hermaphroditism is least likely to be present, and to constitute a most serious source of fallacy. ALBAN DORAN.

ARTICLE 251.

BUCHANAN ON A CASE OF ACUTE FŒTID EMPYEMA, TREATED BY INCISION INTO THE PLEURAL CAVITY, WITH COPIOUS ABLUTION; RAPID RECOVERY.

DR. GEORGE BUCHANAN, Professor of Clinical Surgery in the University of Glasgow, reports the following case in the *Glasgow Medical Journal* for February. The patient was under the care of Dr. Whitson, but as she was a family connection of his, he from the outset asked Dr. Maclaren to direct the medical treatment. The case proving very serious, Professor Gairdner was asked to co-operate as consultant, so that all the features, some of which are very unusual, if not unique, can be vouched for by competent observers.

Miss D., aged 19, enjoyed good health till Sept. 24 last, when she began to suffer from pains in the left side of the chest. On the 28th, the symptoms became more severe. She had pains over the left mammary region, increased on taking a deep respiration, and on applying the stethoscope over the painful part a friction-sound could be heard. There was dulness over the left lung behind, and diminished respiratory murmur. She had a short cough, but no expectoration, and she lay on her back well supported with pillows, as the pain was worse when she attempted to lie on her left side. Her temperature rose to about 101°, and her pulse to 130. The treatment at this stage consisted in moving her bowels well, keeping poultices constantly applied to the painful part, and giving her a diuretic mixture containing iodide of potassium. The symptoms became gradually more severe. Effusion into the left pleura was evidenced by dulness on percussion over the whole posterior region, and anteriorly as high as the third rib, and by displacement of the heart to the right of its normal situation. Her respiration rose to 36 per minute, and her pulse to about 140. On Oct. 3, Dr. Gairdner saw her for the first time in consultation. He thought her illness a serious one, but had hopes that in a short time the acute symptoms would abate under the treatment pursued. He saw her again on Oct. 7 and 12, and on the 14th all hopes of being able to cope with the disease without recourse to thoracentesis were given up, as she was then in a dangerous state, owing to the prolonged high fever, the greatly enfeebled and very rapid heart's action, and the great and apparently increasing dyspnœa.

On Oct. 14, Dr. Buchanan was called on to perform paracentesis thoracis with the aspirator in the following circumstances. Miss D——'s pulse was 140; respirations, 50; countenance anxious; breathing oppressed; she could not lie down owing to the sense of suffocation; the left side of the chest bulged, but not decidedly at the intercostal spaces; the respiratory movement of the left side was impeded; percussion was dull all over the left side; the heart was displaced toward the middle line. There was no pneumothorax, nor any evidence of connection between the pleural cavity and bronchial tubes.

He made the puncture two inches below the point of the scapula between the seventh and eighth ribs, and drew off about 70 ounces of dark brown putrid pus of most offensive odour. The operation was attended with most gratifying results, the patient sleeping during the following night several hours at a time, which she had not done since the onset of the disease.

The fluid rapidly re-accumulated, so that on the 19th matters were much as described on the 14th. The operation was therefore repeated, and twenty ounces of pus removed. In this case the pus, though still putrid, was not so dark in colour, and more watery.

In both instances, the pus was submitted to microscopic examination and the presence of bacteria established; but this was forty-eight hours after evacuation, so that there is no proof of their existence in the pus while it was in the pleural cavity.

The relief after the second tapping was as apparent as before; but again, in twenty-four hours, the fluid was evidently accumulating. Accordingly, with the concurrence of the other medical attendants, Dr. Buchanan gave chloroform, and made a free incision into the pleural cavity, near the site of the puncture. He introduced his forefinger into the chest to explore the cavity, and found the pleura costalis covered with a soft pulpy membrane; the upper surface of the diaphragm was smooth, but he could not reach the pericardium with his finger. The lower edge of the lung felt soft, but was so far off that he could only touch it. He now introduced the two tubes of a Gooch's double cannula, crossing them like the letter X, and washed out the pleural cavity with tepid water containing Condy's fluid, using an India-rubber tube as a siphon. About eight gallons of fluid were made to flow through the chest till it ran out perfectly pure and odourless, and of the original colour of the Condy's fluid as diluted. A large vulcanite tracheotomy-tube was passed into the chest through the opening and secured there to ensure drainage.

The effect of this apparently rude proceeding was marvellous; most marked improvement in breathing, pulse, and temperature, and general comfort. The patient slept in the afternoon, and several hours during night. Occasionally she was troubled with a tickling cough, for which camphor dissolved in chloroform was tried. There never was much expectoration; and that of clear mucus.

From this time onward the progress to recovery was uninterrupted and rapid. Pus in very small quantity and of no offensive odour continued to be discharged for some days by the tube; but by November 11 it had become blocked up, so Dr. Buchanan took it out, giving exit to a little healthy yellow pus. He again washed out the chest with water and Condy's fluid; but it ran clear at the very first. Instead of the hard vulcanite tube he put in a soft ordinary drainage-tube, about six inches long, and secured it in its place. Through this a few drops of pus were discharged daily, but this completely dried up before the tube was finally removed on Nov. 22. In a few days the opening into the thoracic wall was completely closed—that is, in about five weeks after the incision. After this, the patient rapidly regained health and strength.

Remarks by Professor Gairdner.—This case is unique within my experience, in respect of the rapid formation of an acute empyema, not only dangerous and extreme in its symptoms from the first, but in

all probability septic and even gangrenous, apart from any primary lesion of the lung or other organ or part, such as in the great majority of cases determines a really fœtid empyema. Even in a somewhat extended pathological experience, and among many hundreds of observations in my own cases and those of others, I cannot remember to have ever witnessed a positively putrid collection of this kind, in which there was not at the same time either fœtid abscess or gangrene of the lung, or, on the other hand, a perforation leading to pyo-pneumothorax, with septic contamination of the effusion ; and even in cases in which leakage had taken place from the pleura into the lung through a superficial slough of the former, the absence of distinct septic contamination has usually been rather remarkable. Moreover, the symptoms in this case approximated closely to those of the rare and dangerous form designated by Frœntzel as 'pleuritis acutissima,' in which a fatal result is almost unavoidable, whether or not evacuation of the contents of the pleura is practised (Ziemssen's *Cyclop. of the Practice of Medicine*, Vol. iv., p. 602). Such cases, apart from complications, are undoubtedly exceptional. In the first twenty years of my experience I can recall only one, and perhaps one or two at a later date. 'Such cases are rare,' writes Dr. Clifford Allbutt in probably the latest English *résumé* of the subject, 'except as complications of septic and other diseases, and they are almost surely fatal, even after free evacuation of pus by incision' (Quain's *Dictionary of Medicine*, p. 1213.—Note). When, therefore, in the present case, after twenty days of accumulation, the aspirator gave vent to a pus so horribly fœtid that the first gush of it was almost intolerable, even in a large airy apartment, the mind was led irresistibly to the idea of some latent primary gangrene, either in the lung itself, or in some other viscus with secondary gangrenous abscesses forming in the lung. A certain amount of equivocal odour, suggestive of possible septicæmia, had, indeed, been detected in the breath and transpiration of the skin, and had formed one of the elements of a grave prognosis; but, on the other hand, there had never been any but the most insignificant expectoration ; and even after the first aspiration of the chest, most careful observation failed to detect any evidence of pulmonary lesion on the one hand, or of pneumothorax on the other. After the second aspiration, it became only too clear that nothing could possibly save the patient except free incision, and washing out the cavity ; but we hardly ventured to hope that these measures would be so rapidly successful, and that the source, whatever it was, of septic decomposition would be not only reached but apparently removed by one, or at most two, ablutions of the cavity with diluted Condy's liquor. The result, unexpected and gratifying as it was, deserves to be recorded, even although it leaves the question of the source of septic infection as obscure as ever.

Article 252.

LANDOLT ON PEROXIDE OF HYDROGEN IN OPHTHALMIC PRACTICE.

In a recent article in the *Archives d'Ophthalmologie* (Vol. 2, No. 5), Dr. Landolt of Paris calls attention to the value of peroxide of hydrogen as a disinfectant in ophthalmic practice. While there is no lack of antiseptics in general surgery, it cannot be said that as yet any single one has been discovered which fulfils the peculiar conditions required in ocular therapeutics. It is this fact which renders Dr. Landolt's observations interesting and important. If his present conclusions should later be found to bear the test of experience, it is not too much to say that he will have made a very valuable addition to the list of ophthalmic remedies.

Peroxide of hydrogen, though discovered by Thénard as long ago as 1818, has only been used as a disinfectant comparatively recently. The earliest experiments on its physiological action are due to Assmuth and Schmidt. These observers in 1864 found that, when injected into the veins of a dog, it caused vomiting, dyspnœa, and syncope, but not death. This result, however, did not tally with that obtained by Gutmann and Schwerin, who experimented with this agent in 1878. They found that it underwent decomposition in the living tissues, with the production of free oxygen in quantity sufficient to cause gaseous pulmonary embolisms, and death, accompanied by all the phenomena of arrested capillary circulation. More directly practical, however, were the experiments of Stöhr on peroxide of hydrogen as a disinfectant. He employed it extensively in cases of phagedænic and syphilitic ulcers, and in diphtheria. He found that it exercised a most beneficial influence on the course and healing of such ulcers. The pus discharged, quickly and became more benign in character, healthy granulations sprang up, and losses of substance were rapidly repaired. The pus from venereal ulcers lost its specific virus, according to Stöhr, after having been two hours in contact with a concentrated solution of peroxide of hydrogen. More recently MM. Péan and Baldy have given this comparatively new remedy an extended trial in the surgical wards of the Hôpital Saint Louis. They have found it, when diluted with from twice to six times its volume of water, an excellent substitute for alcohol or carbolic acid in antiseptic dressings. Externally it may be applied to every form of wound or ulcer, either as a dressing or in spray. It has been administered internally in cases of pronounced uræmia, septicæmia, erysipelas, and tuberculosis. It is especially suitable for dressing flaps after amputation, as its presence would seem to encourage union by first intention. Moreover, the general sanitary condition of the wards was apparently improved by its use, cases of traumatic fever having become fewer. Over carbolic acid it possessed the manifest advantage of being free from smell or toxic influences, while its application caused no pain.

Working from these data Dr. Landolt has now suggested the use of peroxide of hydrogen in some of the many forms of eye-affections in which antiseptics are indicated. Hitherto there has been a serious practical difficulty in their use in ophthalmic surgery. The ocular tissues are more delicate, more sensitive, and more easily altered than those of any other portions of the body. Antiseptics, such as carbolic acid, alcohol, or salicylic acid, cannot be used in contact with the iris, conjunctiva, cornea, or crystalline lens, in a sufficiently concentrated form to be effective. At the strength they have hitherto been used in ocular surgery they are, to judge by experiment and analogy, wholly without effect on microzoa. This, however, is not the case with peroxide of hydrogen. The oxygen liberated by the decomposition of this fluid is in a nascent state, and consequently may be supposed to act much more

energetically than ordinary oxygen. A weaker solution of the peroxide than of other disinfectants may therefore be employed with at least equal benefit. The detergent properties of this agent are not among its least remarkable ones. When it is applied to a conjunctiva affected with catarrh, the membrane becomes immediately covered with a white froth. This results from the rapid decomposition of the fluid which takes place in presence of certain organic matters. The products of secretion are, as it were, entangled amid a mass of minute air-bubbles and intimately mingled with them. They are not so much unformed or destroyed by the liberated oxygen, as placed, by their mechanical mixture with it, under the most favourable conditions for speedy and complete removal. As a matter of fact, the thin layer of froth, when removed with a piece of lint, shows the suppurating surface below it to have been thoroughly cleansed. All septic fermentation has likewise for the moment been cut short.

The above phenomena Dr. Landolt has observed in cases of simple purulent conjunctivitis, occurring both in infants and in adults. In these cases a solution of 30 per cent. by weight of oxygen was used, with extremely satisfactory results. More interesting, however, is a case of gonorrhœal ophthalmia recorded by the author. The disease occurred in a young man aged 22, and was of a typically violent form. It had been neglected for eight days, and the cornea was ulcerated, infiltrated with pus, and on the eve of perforation, while panophthalmitis appeared all but inevitable. The eye was immediately treated by instillation of eserine and peroxide. Suppuration ceased rapidly under this treatment, and healthy cicatricial tissue took the place of the destroyed cornea. The influence of this antiseptic on the course of unhealthy ulceration was well shown in another case, recurring in a young female, whose left cornea had been the seat of a serpiginous ulcer for fifteen days. The cornea was infiltrated in its totality, the anterior chamber was filled with pus, while suppuration of the lachrymal sac was present as a further complication. Frequent application at regular intervals of the peroxide, together with eserine, was the treatment which Dr. Landolt employed. After a few days, the improvement was most striking. Dr. Landolt advocates very strenuously the use of peroxide in cases of diphtheritic ophthalmia, in suppuration of the lachrymal passages, in purulent conjunctivitis of every variety, and in all simple or serpiginous ulcers of the cornea.

For this remedy to be effective, it is absolutely necessary that it should be chemically pure. A very slight contamination with acid or alkaline substances will be sufficient not only to neutralise all its excellent qualities, but to render it positively hurtful. A series of tests are given in M. Landolt's article, all of which are easily applied. They are directed chiefly against the presence of alkalies, such as barium, of sulphuric and hydrochloric acids, and of certain organic impurities. The strength of any specimen is best determined by volumetric analysis with potassic permanganate. Peroxide of hydrogen for ophthalmic use should be kept in small corked phials in a cool place, and shaded from light. The addition of small quantities of ether renders the drug much more stable. Dr. Landolt, however, deprecates the addition of any reagent whatever to peroxide of hydrogen, so important is it, in his opinion, that the solution should be as chemically pure as possible. LITTON FORBES.

SURGERY.

RECENT PAPERS.

253. VENER, A.—A Case of Successful Gastrostomy for Complete Stricture of the Œsophagus. (*Mediz. Obozr.*, March 1882, pp. 419–423).

254. SKLIFOSOVSKY, N. V.—Arterio-Venous Aneurism of the Orbit treated by Ligature of the Common Carotid. (*Vratch*, 1882, No. 13, pp. 201–4).

255. SUPRUNENKO, M.—On a Case of Strangulated Hernia Treated by Electricity. (*Vratch*, 1882, No. 17, p. 281).

256. SARMATSKY.—On a Case of Penetrating Wound of the Abdomen. (*Vracheb. Vedom.*, 1882, No. 18, pp. 3181–2).

257. GRITTI.—On the Surgical Cure of Spermatalgia, with Clinical Observations. (*Gazz. Med. Ital. Lombarda*, Jan. 13, 1883.)

258. TANSINI.—Thermo-galvanic Cautery and Knife for the Incision of the Prostate in Prostatic Ischuria. (*Gazz. degli Ospitali*, Dec. 3, 1882.)

259. BRICHETTI.—Extra-peritoneal Nephrectomy. (*Gazz. degli Ospitali*, Sept. 3, 1882.)

260. NUÑEZ.—Case of Traumatic Tetanus: Cure. (*Gaceta de Mejico*, Aug. 1882.)

261. BOGMOLOFF.—Lacerated Wound of the Abdomen; Suspected Injury of the Upper Part of the Small Intestine; Recovery. (*Wra'sch*, No. 43, 1882.)

262. FISCHER.—A Case of Gastro-Enterostomy. (*Deutsche Zeitschr. für Chir.*, Band xvii. 5, 6.

263. BRUNTZEL.—Extirpation of the Left Kidney for Removal of a Gigantic Fibroma of the Capsule: Recovery. *Berlin Klin. Wochenschr.*, No. 49, 1882.)

264. JORDISON.—Recovery after a Broken Neck. (*Lancet*, Oct. 1882, p. 658.)

265. MORRIS.—Hæmorrhage into the Cavity of the Arachnoid. (*Lancet*, Nov. 1882, p. 795.)

266. WILLIAMS.—The Osseous Lesions of Locomotor Ataxy. (*Lancet*, Dec. 1882, p. 977.)

267. BROWN.—Non-traumatic Extraperitoneal Rupture of Bladder. (*Brit. Med. Jour.*, Dec. 1882, p. 1298.)

268. TREVES.—Perforating Ulcer of the Foot, and Progressive Locomotor Ataxy. (*Lancet*, Oct. 1882, p. 653.)

269. THORNTON.—Mesenteric and Omental Cysts. (*Brit. Med. Jour.*, Dec. 1882, p. 1242.)

270. SYMPSON.—Traumatic Aneurism of the Facial Artery. (*Brit. Med. Jour.*, Dec. 1882, p. 1296.)

ART. 253. *Vener on a Case of Successful Gastrostomy for Complete Stricture of the Œsophagus.*—Dr. A. Vener describes in detail (*Mediz. Obozr.*, March 1882) the case of a man, aged 49, who was suffering from a cancerous obstruction of the œsophagus, the first symptoms of which had been observed about eighteen months before the operation. The patient was extremely emaciated, weighed 105 lbs., was not able to swallow solids, nor, of late, even fluids. The stricture was situated at the distance of 30 centimetres from the incisors. Gastrostomy, to which the sufferer readily consented, was performed by Dr. Knie after the plan of Fenger and Howse, under the strictest antiseptic precautions (but without spray). The patient bore the operation excellently. The highest temperature (100·6°) was observed on the second day, after the first stage of the gastrostomy. On the seventh day the salicylic dressing was removed, and on the eighth the stomach was opened and a drainage-tube (provided with an Escher's obturator) introduced. On the nineteenth day the patient got up, and on the fortieth left the hospital, feeling quite comfortable and having considerably gained in weight. Drs. Vener and Knie emphatically insist on the necessity of performing gastrostomy in cases of cancerous stricture at as

early a period as possible, before the patient's strength has been exhausted and the œsophagus has become absolutely impassable. [This is only the second successful case of establishing a gastric fistula known in the Russian literature. In the first (non-cancerous) the operation was performed by Dr. A. S. Satzenko, of Kieff. All the other Russian cases of gastrostomy (Professor Sklifosovsky's two, Drs. Snegireff, Anders, G. F. Tiling, Stukovenkoff, Kitaevsky) were followed by death within a few days after the operation. The longest survival (nineteen days) presents the second case of Professor Sklifosovsky (*Vratch*, 1880, No. 21, pp. 341-2). Save Dr. Anders' case, in which fatal peritonitis developed (*Peters. Med. Wochensch.*, 1881, No. 21) all the patients died from exhaustion. The first case of Professor Sklifosovsky was reported in the LONDON MEDICAL RECORD, Jan. 1880, p. 23. Other interesting papers on the subject of gastrostomy are to be found in the LONDON MEDICAL RECORD, Jan. 1880, p. 25 (Krönlein's); Feb., p. 55 (Herff's); Oct., p. 415 (Elias's); 1881, March, p. 95 (Kraske's, and one of Staton's); May, p. 202 (Bryant's); July, p. 278 (Prewitt's); Dec., p. 504 (Jones's); 1882, Nov., p. 462-3 (Kappeler's).—*Rep.*]

254. *Skilfosovsky on Aneurism of the Orbit treated by Ligature of the Common Carotid Artery.*—In the *Vratch*, 1882, No. 13, there is a very interesting clinical lecture by Professor N. V. Sklifosovsky, of Moscow, on a case of idiopathic aneurism of the right orbit in a male non-syphilitic patient, aged 45, of moderately alcoholic habits, with chronic arteritis. All symptoms of the aneurism, viz., pulsating exophthalmos, œdema of the lids, dimness of vision, headache and earache, noise in the head, had been developed quite suddenly, no history of injury having been obtained. On examination of the patient about six weeks later, there were found, in addition to the above symptoms, total loss of vision, insensibility and opacity of the cornea, dilatation and immobility of the pupil, anæsthesia of the lids and right half of the forehead, complete immobility of the eyeball, pulsation on pressure of the latter, blowing noise (like that of a pair of slowly working bellows) heard over the right eyeball and the corresponding temporal, parietal, and occipital regions, and disappearance of the subjective noises on compression of the right carotid at the level of the cricoid cartilage. The author diagnosed rupture of the atheromatous right internal carotid within the cavernous sinus, under the influence of some accidental increase of arterial tension. After the failure of seven days' treatment by compression of the carotid (ten minutes every hour), and low diet, the artery was tied at the level of the cricoid cartilage. Four weeks later the state of the patient was found satisfactory; the opacity of the cornea, the œdema of the lids, and the exophthalmos had disappeared almost completely; the eyeball became movable (abduction, however, was paretic); cutaneous sensibility was restored, and headache had ceased. The loss of vision, however, remained as entire as before the operation. Within five days after the ligature, there began to be developed a cataract of the right lens. [In the *Lancet*, Dec. 3, 1881, pp. 945-7, Dr. J. R. Wolfe describes another remarkable case of this rare affection, cured by the same operation.—*Rep.*]

255. *Suprunenko on a Case of Strangulated Hernia treated by Electricity.*—Dr. M. Suprunenko, of Gadiatch, reports (*Vratch*, 1882, No. 17) a case of reduction of right inguinal hernia by means of faradisation. The patient, a weak woman, aged 45, who had suffered from the rupture eight years and never wore a truss, was first seen three hours after the incarceration. Half an hour's taxis having failed, the author decided to try electricity. A moderately strong current from a small Spamer's apparatus was used, the positive electrode being applied to the tumour (which was as large as a goose's egg); the negative at first to the lower lumbar vertebræ, then to the umbilical region. Within less than two minutes the hernia disappeared, and with it pain, tympanitis, and collapse. [In the *Vratch*, 1881, No. 3, p. 45, Dr. T. Bronstein, of Teleneshta, recorded a case of cure of incarcerated scrotal hernia by two minutes' faradisation (both electrodes to the hernia), after complete failure of five hours' taxis, treatment by posture, warm baths, enemata, and anæsthetics. Shortly afterwards, his example was followed by Dr. M. Rosenhart (*Vratch*, 1881, No. 40, p. 675) with the same luck. After unsuccessful treatment by taxis and ice, the hernia disappeared almost instantaneously from application of electrodes of a small Gaiffe's apparatus. Naturally, all three authors are very enthusiastic about this method of treatment of strangulated hernia. In the LONDON MEDICAL RECORD, Oct. 1880, p. 408, there are to be found Boudet's two cases of intestinal occlusion successfully treated by electricity.—*Rep.*]

256. *Sarmatsky on a Case of Penetrating Wound of the Abdomen.*—The author reports (*Vrachеb. Vedom.*, 1882, No. 16) the case of a patient, aged 55, who had attempted suicide, and cut into his abdomen with a large knife four successive times. When first seen, three hours after the accident, the patient was found lying on the dirty floor of a cattle-hut, in a fainting state, with all the small intestines and the whole omentum majus protruding out of a clean-cut wound which extended from the scrobiculus cordis far below the umbilicus. There were seen also three other smaller wounds, all of them perforating the abdominal wall. The protruded parts, which were covered with mud and blood, were washed with tepid water and returned, and then all the wounds closed with silk sutures, and dressed with cold water. Three weeks later the patient left the hospital, having recovered without any complication except a small abscess in the abdominal wall near the largest wound. V. IDELSON, M.D.

257. *Gritti on the Surgical Cure of Spermatalgia, with Clinical Observations.*—Gritti says (*Gazz. Med. Ital. Lombarda*, Jan. 13, 1883) that spermatalgia or neuralgia of the testicle is, like other neuralgiæ, symptomatic or essential. The first, or symptomatic, is due often in young men to plethora of the testicle, to which the pain is then confined; or to lumbar spondylitis, of which intervertebral or lumbar pain extending to the testicle—which is spasmodically and painfully retracted—is an early symptom; to renal lithiasis, or passage of a stone through the ureter, the pain ceasing as the stone reaches the bladder; to pressure on the spermatic cord by an inguinal hernia or badly fitting truss; by varicocele or hydrocele. In these cases, the only effective treatment of the neuralgia is the removal of the cause. In the essential spermatalgia (*irritable testis* of Astley Cooper) the pain, slight at first, becomes intense, paroxysmal, with retraction of the testicle; it is increased by movement, but paroxysms often occur when the patient is at rest. It is generally intermittent, and often there are long intervals between the attacks. The pain extends to the groin and lumbar region of the affected side. It is generally unilateral,

oftener on the left side. There is no organic alteration to be found. The nerves implicated are those which arise from the lumbar plexus, and which supply, by numerous small branches (abdominal, superior and inferior genital, and femoro-genital) the scrotum, cord, and testicle. This form of spermatalgia resists all the usual methods of treatment. Astley Cooper advised the removal of the testicle, and Nélaton the difficult if not impossible operation of section of the nerves of the spermatic cord. Gritti, surgeon to the Milan Hospital, determined to try in a very severe case (the sufferer refusing to sacrifice his testicle) Vidal's operation of '*enroulement des veines du cordon*,' which he had often performed successfully in the treatment of varicocele. The process is shortly this. Two long and flexible wires, one thicker than the other, are introduced by one aperture, passed one on each side of the cord (leaving out the vas deferens) and brought out on the far side also by one aperture. The opposite ends of the wires are then twisted together round a little cylinder of cork. The compressed veins and nerves become necrosed for two or three centimètres, and a deep cicatrix is formed. By this means all the nerves of the spermatic cord (except those of the vas deferens) are divided, and the resulting cicatrix is sufficiently long and deep to prevent the nerves from reuniting by new formation. Gritti reports two cases which were entirely successful. In both the pain ceased almost at once. In the first, in a month after the operation, there was a hard and firm cicatrix, the cure was permanent, and there was no loss of function. In the second case, the noose came away on the fifteenth day, and the patient was discharged cured, with a firm cicatrix, in less than a month from the operation.

258. *Tansini on the Thermo-Galvanic Cautery and Knife for the Incision of the Prostate in Prostatic Ischuria.*—Dr. Tansini remarks (*Gazz. degli Ospitali*, Dec. 3, 1882) that it is strange that Professor Bottini's method of dividing or cauterising the hypertrophied lobe of the prostate has not come more into use; the ordinary treatment being very unsatisfactory. By his thermo-galvanic cautery the danger of hæmorrhage is avoided, and the eschar prevents infective absorption. Bottini's instrument is of the shape of an ordinary sound, and has a hidden blade or platinum cautery. In its original form it had the disadvantage of becoming generally heated, which in prolonged operations might damage the urethral epithelium. He now makes the instrument with a double tube, and passes through it a stream of cold water, so that the cauterisation is confined to the exact spot required. With this instrument, he has obtained the best results.

259. *Brichetti on Extraperitoneal Nephrectomy.*—The author, as the result of his studies and experiments, arrived at the following conclusions (*Gazz. degli Ospitali*, Sept. 3, 1882). 1. The system does not suffer from the sudden removal of one of the kidneys. 2. Nephrectomy (in dogs) has no great danger as an operative proceeding. 3. It is better to abandon the peduncle, previously applying two distinct ligatures with catgut, then to close the wound with the twisted suture, using long and strong pins. 4. The urine undergoes no alteration, chemically or microscopically. 5. Hypertrophy of the heart, which is especially found in atrophy of one kidney (Traube) is never met with. 6. The remaining kidney does not increase in weight or volume, but undergoes a fatty degeneration of the canaliculi, with slight enlargement of the epithelium, noticeable three months after the operation, more evident after six months, and reaching the maximum after the twelfth month. Professors Tizzoni and Pieruti found in rabbits after nephrectomy an increase in weight and volume of the remaining kidney, and a reproduction of glomeruli and tubuli. This the author has not been able to confirm, though he thinks there might be an increase of glomeruli.

260. *Nuñez on a Case of Traumatic Tetanus: Cure.*—This case is related by Dr. Nuñez in the *Gaceta de Mejico*, Aug. 1882. Propylamin was given in doses increasing from 2 to 10 grammes in the day, dissolved in 300 to 500 grammes of sherry. Hypodermic injections of morphia were also given two or three times a day. The author mentions two other cases in which the same treatment was followed; one was successful.

G. D'Arcy Adams, M.D.

261. *Bogmoloff on Lacerated Wound of the Abdomen; Suspected Injury of the Upper Part of the Small Intestine; Recovery.*—Dr. Bogmoloff, of Krasnoie-Selo (*Wratsch*, No. 43, 1882), in the early part of last autumn had under his care a country girl, 11 years old, with a lacerated wound in the lower part of the abdomen, caused by a fall from a scaffold. The patient's mother had reduced a protruding loop of intestine before the arrival of the surgeon, and assured him that she had observed the escape of some fæcal matter from the wound. On superficial examination no wound of the intestine could be found, and the laceration of the abdominal wall was closed by three silk ligatures and covered with Listerian dressings. The abdominal wound discharged freely, and traces of half-digested food, with a round worm, were found in the dressings. On the sixth day the discharge became less; on the fourteenth the patient passed the first stool since the injury; by the thirty-ninth, recovery was complete. From the presence of biliary acids, and the absence of fæcal odour in the secretion from the abdominal wound, Dr. Bogmoloff concluded that the part of the intestine that was injured must have been the upper portion of the jejunum.

262. *Fischer on a Case of Gastro-Enterostomy.*—Dr. Fischer, of Strasburg, describes the case of a woman, aged 31, who, a year before admission to hospital under his care, had been a patient of Professor Freund, who had removed the uterus for fibro-myomatous disease. She had all the symptoms of cancer of the pylorus, and Lücke decided upon attempting resection. The stomach was washed out for twelve consecutive days, and on the twelfth the abdominal cavity was opened, but the pylorus was found intimately adherent to the pancreas and other adjacent structures, so that resection could not be performed. The pylorus was, therefore, simply laid open and united to the abdominal wound, as in an ordinary gastrostomy. The operation was performed without spray, and the aperture in the abdominal wound that was united to the opening in the pylorus was dressed with iodoform and covered with thymol gauze. In thirty-seven days the patient was discharged. Since her dismissal from hospital she has been able to take light nourishing food, and remains free from any tendency to vomit.

263. *Bruntzel on Removal of the Kidney.*—Dr. Reinhard Bruntzel, of Breslau, having undertaken the removal of a large abdominal tumour, found

when examining it after the operation, that the kidney was deeply imbedded in its substance ; the ureter had been mistaken for a large blood-vessel. The intestine had been injured in the course of the operation, but recovery was complete, although complicated at first by fæcal fistula, the result of the injury to the bowel. The tumour proved to be a fibroma weighing 37 lbs., and confined to the capsule of the kidney. ALBAN DORAN.

264. *Jordison on a Case of Recovery after a Broken Neck.*—Mr. Jordison, in the *Lancet*, Oct. 1882, p. 658, gives an account of a case of recovery after a broken neck. The patient, aged 38, was riding at a fence under the arm of a tree, when his horse jumped higher than he expected, and the back of his neck came into contact with a branch, the force of the blow being forwards and downwards. The patient fell off his horse, and was unconscious for about two minutes. As soon as he could speak he complained of intense pain up and down the neck and in his arms and legs. He was carried by Mr. Jordison on a gate to a farmhouse, where he examined him, and found a fracture of the laminæ of the fifth and sixth cervical vertebræ, with complete paralysis of the left upper extremity, and also, but to a less extent, of the right, impaired mobility of the left leg, the right being unaffected, and a sense of tingling and numbness over the whole body. There was perfect consciousness. There was paralysis of the bladder, and slight difficulty in swallowing for a few days ; no rise of temperature above 101·4° F. There was slight delirium for a few days ; the respiration was always normal. By the third day motion was recovered entirely in the left leg, and the tingling was much less. By the fourteenth day there was much greater power in the right arm, and he could just raise the left. Perfect motion was restored in both legs. After this time the paralysis of the arms gradually became worse until the end of the fourth week, when there was complete loss of power of motion over the left arm and hand, with intense hyperæsthesia ; the right arm was similarly affected, but to a less degree. On the left side there was complete atrophy of the hand, arm, and shoulder ; less on the right. About the fifth week there was slight return of power in the bladder and rectum, and the right arm slowly began to recover. By the end of the eleventh week there was some power in the left arm, but great trouble arose from the stiffness of the joints. The head also could be slightly raised and freely rotated. After the thirteenth week the patient was carried to his own house, and made a rapid recovery.

265. *Morris on Hæmorrhage into the Cavity of the Arachnoid.*—Mr. Henry Morris, in the *Lancet*, Nov. 1882, p. 795, gives an abstract of a lecture delivered at the Middlesex Hospital, Jan. 1882, in which he treats the surgical and medico-legal aspects of hæmorrhage into the intra-arachnoid space. The source of the blood is generally difficult to trace, and when there is no fracture of the skull, no injury to dura mater, no tear in the visceral arachnoid, no bruising or laceration of the brain, it is impossible to say whence the effused blood is derived. From a surgical point of view these intra-arachnoid effusions are of great importance, but unfortunately often show no definite symptoms, so that surgical interference is not often attempted. From a medico-legal point of view, great importance is attached in many cases to the opinion as to whether the hæmorrhage may have been the result of violence or not, and also as to whether the patient may not have been suffering from diseased arteries, which might have caused the hæmorrhage independent of the blow. Mr. Morris gives the notes on a case of a man, aged 31, admitted into the hospital suffering from a superficial wound on the back of the head, but with no symptoms of fractured skull. The patient had been drinking heavily for some days, and was some time before he became conscious. Eleven days after admission the patient went to service, and that night was very restless ; the next morning he was comatose and passed his urine in bed, and died comatose sixteen days after the accident. The *post mortem* examination showed no fracture of the skull, but on opening the head a small clot was found immediately beneath the wound, which had compressed the occipital convolution over a small area, whilst on the right side a large clot lay under the dura mater, most abundant over the frontal bone and in the anterior fossa. There was also a considerable quantity over the parietal eminence and over the occipital convolutions. Mr. Morris draws attention to the uncertainty of fixing the exact age of a blood-clot, owing to the variations which effused blood presents in different localities.

266. *Williams on the Osseous Lesions of Locomotor Ataxy.*—Mr. Alex. Williams, in the *Lancet*, Dec. 1882, p. 977, in remarking on the increased facilities afforded in modern times for recognising lesions of the osseous and articular structures in locomotor ataxy, records a case of a man, aged 40, who fractured his right femur spontaneously whilst taking off his boot. The fracture united, so that the patient could walk upon crutches, without any splint, about ten weeks after the accident. But at this time he incautiously placed his body-weight on the injured leg and refractured the femur. On examination the shaft of the injured femur was found to be immensely increased in size, and on inquiry into the patient's history it was found that he had suffered for some six years from many symptoms of locomotor ataxy, and it was the discovery of some of these symptoms saved the patient from having his thigh amputated for malignant disease of the bone. After about three months the fracture had united and the limb was diminished in size. Mr. Williams also draws attention to another case, in which there was a large, irregular, bony outgrowth from the hip joint in a man suffering from incontinence of urine, and in whom the symptoms would have been put down to rheumatoid arthritis, had not some symptoms of ataxy been discovered.

267. *Brown on Non-traumatic Extraperitoneal Rupture of the Bladder.*—Dr. John Brown, in *Brit. Med. Jour.*, Dec. 1882, p. 1298, mentions a case in which probably a chronic abscess, in front of the lower part of the bladder, opened into this viscus. Urine was extravasated upwards behind the abdominal muscles, between them and the transversalis fascia and peritoneum as high as the umbilicus, and then appeared in the superficial subcutaneous tissue between the umbilicus and pubes. After some days a superficial swelling, presenting fluctuation, appeared above the pubes, into which an incision was made, two and a half inches below the umbilicus ; from this urine drained freely for six days. An india-rubber catheter being retained in the bladder, there was immediate cessation of the flow from the incision and relief to the feverish symptoms from which the patient suffered. Whenever the catheter became blocked

the feverish symptoms returned, also urine flowed from incision, and disappeared when the catheter was cleared. No sloughs or suppuration followed in the track of the extravasated urine, and a fall of temperature so immediately followed the drain by the catheter, that it was thought the pyrexia was caused by the tension which the urine produced in the distended tissues, and not by putrefactive changes.

268. *Treves on Perforating Ulcer of the Foot, and Progressive Locomotor Ataxy.*—Mr. Fred. Treves, in the *Lancet*, Oct. 1882, p. 653, details a case bearing on a paper read at the International Medical Congress, 1881, on the 'direct connection' between perforating ulcer of the foot and locomotor ataxy. Mr. Treves's patient was a woman, aged 39, who suffered from a perforating ulcer of the left foot, above the head of the metatarsal bone of the second toe, which necessitated a Chopart's amputation, the stump healing perfectly; but after some months another ulcer developed on the right foot, and a corn developed on the stump. This suppurated, leaving a callous ulcer on the most prominent portion of the stump. Some weeks afterwards, this patient developed marked symptoms of progressive locomotor ataxy. Mr. Treves concludes by remarking that this 'perforating ulcer' is a purely local affection, produced purely by local causes, which causes would act with increased vigour upon a part whose vitality is in any way impaired, but that such impairment is not of necessity dependent upon disease or degeneration of the supplying nerves. Exception is also taken to the name applied to the sore, since it does not seem to really perforate the foot in any ordinary case.

269. *Thornton on Mesenteric and Omental Cysts.* Mr. Knowsley Thornton, in the *Brit. Med. Jour.*, Dec. 1882, p. 1242, in referring to a paper on this subject by Mr. Spencer Wells, at p. 1138, gives the notes of a case on which he had operated. A tumour existed in the abdomen of a female, aged 38. Its nature was doubtful, but it was supposed to be connected with the left broad ligament. It contained fluid, and was expected to be a cyst, or else an encysted collection of fluid among the intestines, omentum, and mesentery. An operation was determined upon, and a thin cyst was found firmly adhering to the parietal peritoneum and omentum. A broad vascular pedicle was also discovered, connecting it to the mesentery of a portion of small intestine, and, besides being adherent to the intestines in several places, there was a broad membranous band to the left broad ligament; the left ovary and tube were adherent to a fringe of solid growths along the lower border of the cyst; the left broad ligament was transfixed, and the ovary and tube removed with the tumour. The patient recovered, but had a severe attack of green vomit, which almost killed her, about ten days after the operation. During ovariotomy, Mr. Thornton says, he has removed cysts from the omentum in two cases, notes of which he gives.

270. *Sympson on Traumatic Aneurism of the Facial Artery.*—Mr. Sympson, in the *Brit. Med. Jour.*, Dec. 1882, p. 1296, gives an account of a case in which he cured a traumatic aneurism of the facial artery by means of passing a hair-pin beneath the artery at its entrance into and exit from the sac of the aneurism, and then placing a figure-of-8 ligature. There was no scar left, and only a little thickening in the former site of the sac.

Richard Neale, M.D.

THERAPEUTICS AND PHARMACOLOGY.

RECENT PAPERS.

271. Bianchi.—Convallaria in Therapeutics. (*Gazz. degli Ospitali*, Jan. 10 and 14, 1883.)

272. Morselli.—Experimental Researches concerning the Hypnotic and Sedative Action of Paraldehyde in Mental Affections. (*Gazz. degli Ospitali*, Jan. 1883, Nos. 4, 5, and 6, and *Riv. Sper. di Fren. e di Med. Leg.*, 1882, Fasc. iii.)

273. Morselli and Buccola.—Experimental Researches on the Physiological and Therapeutical Actions of Cocain. (*Riv. Sper. di Fren. e di Med. Leg.*, 1882, Fasc. iii.)

274. Clemens.—The Treatment of Diabetes. (*Phil. Med. Times*, Dec. 2, 1882.)

275. Manufacture of 'Cod Oil' in America. (*Phil. Med. Times*, Dec. 2, 1882.)

276. Gerrard.—Gelsemine. (*Pharm. Jour.*, Jan. 10, 1883.)

277. Jette.—Treatment of Prolapsus of the Rectum by Hypodermic Injections of Ergot. (*Paris Médical.*)

278. Hayem.—Hypodermic Injection of Ether in Threatened Death from Hæmorrhage.

279. Korcynski.—Nitro-glycerine as a Therapeutic Agent.

280. Bert and Regnard.—On the Influence of Oxygenated Water on Virus and Venom.

281. Boutmy and Foucher.—Preparation of Nitro-glycerine.

282. Vigier.—Mercurial Glycerite. (*Gaz. Hebd. de Médecine.*)

Art. 271. *Bianchi on Convallaria.*—Dr. Bianchi (*Gazz. degli Ospitali*, Jan. 1883) gives a tolerably full account of present and former views regarding this drug. Upwards of a hundred years ago preparations of *convallaria majalis*, or lily of the valley, were in use for a variety of ailments; and now, after long neglect, they are again coming into favour, especially in France and in Russia. Its physiological actions and therapeutical uses are almost identical with those of digitalis. Sometimes, however, it is found to answer where digitalis has failed. It is used in diseases of the heart, nervous and organic. It is said also to deepen respiration, and to render it easier. It is therefore valuable in asthma, whether cardiac or emphysematous; for this purpose, iodide of potassium increases its efficacy. It has a well-marked diuretic action. It has no unpleasant effect either on the digestive or on the nervous system. Owing to the resin the drug contains, the urine becomes turbid with nitric acid. If the urine be first agitated with ether, the acid does not affect it.

272. *Morselli on Paraldehyde.*—Professor Morselli details (*Gazz. degli Ospitali*, Jan. 1883, Nos. 4, 5, and 6, and *Riv. Sper. di Fren. e di Med. Leg.*, 1882, Fasc. iii.) his experiments with this drug. Paraldehyde is a polymeric modification of aldehyde. Its formula is $C_6H_{12}O_3$. It is a colourless liquid, of acrid taste, somewhat resembling dilute acetic acid. It has a very volatile odour, like chloroform. It is soluble in eight volumes of cold water; less soluble in hot water. Its chief physiological action is on the cerebral hemispheres; then on the medulla oblongata and spinal cord. In strong doses, according to Cervello, who first experimented with it, it paralyses the respiratory centre; the cardiac innervation remaining unaffected. The reflex action of the cord is diminished by medium doses, and abolished

by large ones. Professor Morselli has administered the drug on 350 occasions, most of the patients being insane. The most important therapeutical action of paraldehyde is its hypnotic effect. It produces, very quickly after it is taken, a quiet and tranquil sleep, in all points resembling natural sleep. In several important respects it differs from chloral. It increases the force and diminishes the frequency (from 8 to 15 beats) of the heart's action. It never gives rise to any unpleasant nervous symptoms, such as headache, sense of heaviness in the head, or malaise. It never interferes with digestion; on the contrary, it generally appears to sharpen the appetite. Moreover, it acts as a stimulant to the kidneys. Demarquay has observed a like diuretic effect with chloral. Respiration is modified, as in natural sleep, becoming less frequent, more regular, and more profound. The skin is not in any way affected, nor are the bowels. The only drawbacks to its action are that its acridity frequently irritates the fauces for a short time after it is taken, and a few patients complain of the persistence of the taste. In only about 8 per cent. of the cases did it fail to produce sleep. In most of these cases it was given in small and broken doses, and though it did not procure sleep it induced a condition of restful quiet. Professor Morselli recommends paraldehyde, not merely in the insomnia of the various mental disorders, but also in the sleeplessness of other diseases, and in the wakefulness that is apt to follow severe mental occupation. The ordinary dose is about 3 grammes, but 4 or even 5 grammes may be given. One patient, a young woman, exhibited marked susceptibility to the drug; 1½ grammes producing a sleep of several hours' duration.

273. *Morselli and Buccola on Cocain.*—According to the authors (*Riv. Sper. di Fren. e di Med. Leg.*), cocain has a mydriatic action on the pupil; generally it raises the temperature slightly; quickens respiration, and renders it more superficial; and increases the frequency of the pulse. These effects last for about an hour. After the prolonged use of the drug sleep becomes longer and more profound. The authors have used cocain in cases of simple melancholia, and in cases of melancholia with stupor. It does not appear to have any direct effect on the psychical functions. Indirectly, however, it seems to do good, insomnia becoming less obstinate, speech more steady, the movements more free, and nutrition better. WILLIAM R. HUGGARD, M.D.

274. *Clemens on the Treatment of Diabetes.*—In the *Phil. Med. Times* of Dec. 2, 1882, an account is given of what is there termed 'Clemens' Treatment of Diabetes.' It was discovered, we are told, by Dr. Theodor Clemens of Frankfort-on-Main, and is said to be the most successful treatment of modern times. It consists in the administration of 'brom-arsen-liquor,' 'a chemical union of arsenious acid and bromine dissolved in water and glycerine, in such a manner that two drops represent the twenty-fourth part of a grain of arsenite of bromine.' The dose of this is two drops three times a day, gradually increased to nine and twelve drops a day, each dose to be given in a wineglassful of water immediately after a meal, which should consist mainly of meat. The favourable influence of the treatment is soon apparent; the thirst and diuresis are diminished, and synchronously the percentage of sugar decreases. The dose is to be gradually increased until the sugar in the urine has entirely disappeared. Electricity may also be employed as a curative agent. It is recommended that 'electrostatic currents of sparks and shocks should be passed through the liver and other parts of the body.' Favourable results were obtained by employing induced currents in the direction from the back of the neck to the liver 'so that the latter was set into light motion.' [The paper is suggestive rather than convincing.—*Rep.*]

275. *The Manufacture of 'Cod-Oil' in America.*—In the *Philadelphia Medical Times* of Dec. 2, 1882, an interesting and amusing account is given of 'how they make cod-oil in Swampscott.' Swampscott, it appears, is a little town on the coast of Massachusetts, not far from Lynn, and it is situated near the head of a bay between Nahant and Salem. Nine miles from this is a place called the 'rocks,' where in winter the cod come in shoals to spawn. Every night, wet or fine, the little fleet puts off so as to arrive at the rocks by five in the morning. When day begins to dawn the 'dories' anchor near their respective schooners, each boat with its single occupant, who is soon hard at work 'robbing the sea of its life.' About three in the afternoon the signal is given to come aboard, the dories hasten to their 'floating castles,' the 'catches' are thrown into the vessels with pitchforks, and sail is made for home. During the passage the fish are 'gutted,' the entrails being cast into the sea, and the livers (some large enough to fill a quart mug) put into baskets. When the shore is reached the livers are transferred to carts, which are quickly driven to the fish-market at Boston. They are immediately sorted, and the gall-bladders carefully removed. The great luscious flabby masses are put into a large oak tub, with which steam-pipes are connected. When the receptacle is full and closed, low-pressure steam is turned on, and for about two hours and a half the cooking process continues. Then the plugs at the bottom are knocked out, and the hot oil is run into buckets. It is now placed in butts in the 'cooling-room,' and is allowed to remain there till it solidifies. It is next poured into canvas bags, each holding four gallons. These bags are placed regularly upon a heavy oak table, furnished with grooves for carrying off liquid, and on this is laid a slab, then more canvas bags, and so on, layer after layer, until about eighty gallons are piled up. A ton of pig iron is placed on the top slab of oak, and the oil soon begins to run out. In about twelve hours the flow ceases, and the structure is taken to pieces. Inside the bags is found a yellow mass like butter, but as hard as tallow, and this, on examination, is found to be composed of stearin with portions of liver and connective tissue. This is sent to the soap-maker, whilst the oil finds a ready sale for medicinal purposes.

276. *Gerrard on Gelsemine.*—Mr. A. W. Gerrard, of University College Hospital, has succeeded (*Pharm. Jour.*, Jan. 10, 1883) in obtaining gelsemine and several of its salts in a state of absolute purity. Five years ago, he prepared a small quantity of gelsemine for physiological purposes, but found that the published processes for its extraction would not yield a product at all approaching purity, as it was always more or less coloured. He also observed that traces of gelseminic acid persistently adhered to the alkaloid, as evidenced by the fluorescence of the latter in the presence of alkalies. He was satisfied from his observations that, if gelsemine could be obtained in a sufficient state of purity, its salts could be made to crystallise. Subsequently he prepared a small quantity of the alkaloid, and obtained one of its salts

in microscopic crystals. Recently he has formulated a method of extraction which yields excellent results. The powdered root is exhausted with alcohol, which leaves after distillation a soft extract, separating on standing into two layers. The superstratum, green in colour and having the appearance of an oleo-resin, is removed. The substratum, which contains the alkaloid, is diluted with water until it ceases to precipitate resin, and leaves a clear bright brown solution, which is evaporated at a temperature below 60° C. (140° F.), treated with ammonia in excess, and thoroughly washed with ether. The ether solution now containing the gelsemine, and fluorescent from the presence of gelseminic acid, is decanted and exposed a short time to allow the excess of ammonia to escape. Hydrochloric acid is next added with agitation until the fluorescence is destroyed. The hydrochloride of gelsemine separates from the ether, forming a pale yellow amorphous precipitate. Gelsemine is a brittle, transparent solid, crystallising with difficulty from alcohol. Boiling water sparingly dissolves it, the solution on cooling becoming faintly turbid from separation of the alkaloid. Its formula is ascertained to be $C_{12}H_{14}NO_2$. The hydrochloride, hydrobromide, sulphate, and nitrate have been obtained in crystals. The hydrochloride is a moderately soluble salt, separating from water as an apparently amorphous powder, but consisting really of small granular crystals. It is sparingly soluble in cold, more soluble in hot alcohol, and from the latter it separates slowly in prismatic crystals. The hydrobromide crystallises more readily from water and alcohol than the hydrochloride, forming prisms. The sulphate and nitrate are freely soluble in water and alcohol, and crystallise indifferently on spontaneous evaporation. Mr. Tweedy has investigated the action of pure gelsemine on the eye, and reports that, though less irritating and more prompt in its action than the earlier preparations, he could not obtain distinct paralysis of accommodation, such as follows the instillation of atropine. The dilatations of the pupil were preceded by a brief stage of contraction, accompanied by a zone of ciliary injection.

William Murrell, M.D.

277. *Jette on the Treatment of Prolapsus of the Rectum by Hypodermic Injections of Ergot.*—The *Paris Médical* quotes from M. Jette's thesis some interesting facts concerning this mode of treating prolapsus of the rectum, originated by M. Vidal, of the Saint-Louis Hospital. It is essential that the solution of ergot should be pure. The injection is made with a Pravaz's syringe at about one-fifth of an inch from the anus, parallel to the intestinal wall. The needle should penetrate one to two or even four centimetres deep, that is to say, as far as the fibres of the sphincter. M. Vidal advises that only one injection should be made instead of two or three in succession at different places, a method sometimes adopted in the belief that pain is thus avoided. M. Vidal believes that the pain is equally great, and unnecessarily repeated. He recommends that the injection be made very slowly as the best means of lessening the pain. M. Vidal has injected a hæmorrhoidal tumour sometimes from its cutaneous, sometimes from its mucous, surface; in both cases the pain was great, the tumour became brown and tense, but was very favourably modified without the formation of an abscess. The duration of the treatment varies from days to weeks. It is not affected by the solution used, the quantity injected, or the intervals between the injection. In order that the cure should be permanent, it is advisable to continue the injections for a short time after apparent recovery. Dr. O. Gorgues, commenting (*Jour. de Méd. de Paris*) on M. Vidal's mode of treatment, expresses a belief that it could only be adopted in treating adults, with a view to obviate operative treatment; and mentions that electrolysis has been used successfully in some instances by introducing the needles of the electrodes into the substance of the fibres of the sphincter.

278. *Hayem on the Utility of Hypodermic Injections of Ether in Cases of Imminent Death from Hæmorrhage.*—Prof. Hayem, in a communication read at the Paris Academy of Medicine, states that he extracted from a dog a quantity of blood so considerable that the loss of it produced tetanic convulsions. Injections of ether were simply powerless; the animal did not manifest the slightest return of consciousness; but transfusion of blood, containing all its constituent parts, resulted in complete resuscitation. If only that quantity of blood be removed which results in placing the animal in a condition between life and death (one-nineteenth of the weight of the body) hypodermic injections of ether are negative in their results, but transfusion of blood in a perfect state renders recovery certain. In some cases it ensues when the blood remaining in the animal's organism is diluted with serum taken from an animal of the same species. M. Hayem considers that these observations indicate that it is incorrect to say that transfusion of blood is useless, and should give place to hypodermic injections of ether. Ether as a stimulant increases the heart's action, and greatly accelerates its beats, but neither raises blood-pressure nor increases rectal temperature.

279. *Korcynski on Nitro-glycerine as a Therapeutical Agent.*—The author uses one to six drops of a one per cent. solution of nitro-glycerine. The physiological results are centred in the circulation and nerve-centres (*Wien. Med. Wochensch.*, 1882, No. 6; and *Union Méd.*, 1882, No. 155). Two or three minutes after the drug is administered the heart's impulse is increased, the *bruits* are stronger, the pulse is eight to sixteen beats more rapid; at the same time arterial tension is lower, and palpitation is scarcely detected. These symptoms persist about three-quarters of an hour, and then the normal condition is slowly established. Two drops of the solution produce a violent headache, and the face becomes flushed. Six drops produce photophobia, painful throbbing in the head, synchronous with each pulsation; buzzing of the ears ensues at the end of each inspiration; the urine does not present any change, either in composition or quantity. Therapeutical researches made on thirty-five patients resulted in eighteen positive results, twelve negative, five doubtful. An ordinary dose is from one to four drops of the one per cent. solution, very rarely from ten to fifteen. One patient took of his own accord thirty drops, a smaller dose having failed to calm the attacks of angina pectoris from which he suffered. Nitro-glycerine, administered at the beginning of an attack of asthma, almost always arrests it, and is more successful when asthma is accompanied by emphysema than in nervous asthma without lesion. In angina pectoris, if the attacks be not arrested, they are greatly moderated by the use of nitro-glycerine, and its action is equally beneficial whatever may be the etiology, whether organic lesion of the heart and principal vessels, or an essential neurosis. Nitro-glycerine has also been observed to

prevent attacks. Its effect on other affections (chorea, diabetes, mercurial palsy) is less positive.

280. *Bert and Regnard on the Influence of Oxygenated Water on Virus and Venom.*—MM. Paul Bert and Regnard, in a recent communication to the Paris Biological Society, stated that to an artificial cultivation of 'charbon' bacteria given to them by M. Pasteur they had added ten volumes of oxygenated water; and one hour after the addition was made the bacteria were killed. A guinea-pig, inoculated with the preparation of bacteria and oxygenated water, remained in its normal condition. Another, inoculated with the bacteria without the addition of oxygenated water, died in thirty-six hours. Oxygenated water does not seem to have any notable effect on vaccine lymph, but the investigators acknowledge that their experiments are too limited to warrant their arriving at any conclusion. Oxygenated water has no effect on the venom of the scorpion; after twenty-four hours' contact, it retained all its venomous properties.

281. *Boutmy and Foucher on the Preparation of Nitro-glycerine.*—Boutmy and Foucher have been awarded by the French Academy of Sciences (*Oil and Drug News*) the prize of 2,500 francs (100*l.*) for their new and safe method of the preparation of nitro-glycerine. The process consists in combining glycerine with sulphuric acid, so as to form glycero-sulphuric acid, and decomposing the latter slowly by means of nitric acid. Two solutions are thus prepared: glycero-sulphuric acid and sulpho-nitric acid, the latter being formed by the mixture of equal parts of sulphuric and nitric acid. These combinations give rise to the emission of a large amount of heat, which necessitates the employment of refrigerating mixtures. In finally mixing these acids in convenient proportions, a reaction is produced, which continues about twenty minutes. The nitro-glycerine is deposited at the bottom of the vessel, and may be readily collected and washed. According to the old process the reaction was rapidly accomplished, and a portion of the nitro-glycerine arose to the surface, which rendered the operation of washing difficult.

282. *Vigier on Mercurial Glycerite.*—Dr. Vigier states (*Gaz. Hebd. de Méd.*) that medicinal agents, incorporated with fatty substances, are absorbed to only a limited extent. Mercurial ointment, however, forms a noteworthy exception to this general rule. Drugs incorporated with glycerine are, according to Vigier, not at all absorbed. He considers that this property of glycerine is due to its not wetting the skin. Experiments on himself and his pupils have proven that the active substance thus incorporated never produces its constitutional effects. It is for this reason that he recommends glycerine instead of lard in mercurial preparations for scabies, pediculi, &c., as such a mixture has an antiparasitic effect without being absorbed. The following glycerite, notwithstanding the caustic nature of its principal ingredient, he says, may be used without danger: —Bichloride of mercury, ʒjss.; glycerine, ʒiij.

THE BRAIN OF GAMBETTA.—The *Revue d'Anthropologie* announces that not any of the journals have stated the real weight of Gambetta's brain, which has been deposited at the laboratory of the Anthropological School. M. Matthias Duval will give a detailed description of it at a future time; its general aspect is what was foreseen to be probable.

MEDICINE.

RECENT PAPERS.

283. PASSERINI.—The Connection between Abdominal Diseases and Derangements of the Right Side of the Heart. (*Gazz. degli Ospitali*, Jan. 3, 883.)

284. GONZALEZ.—Intermittent Fever simulating Asiatic Cholera. (*El Siglo Medico.*)

285. KISPERT.—Variola without Eruption. (*El Genio Medico-Quirurgico*).

ART. 283. *Passerini on the Connection between Diseases of the Abdomen and of the Right Heart.*—Dr. Passerini, in a short but weighty article (*Gazz. degli Ospitali*, Jan. 3) gives his views on this subject. Potain in 1878 was the first to call attention to the fact that affections of the digestive apparatus may give rise to disease of the right side of the heart. With the exception of Tessier and Frank, who wrote in 1879 and 1880 respectively, no other author has written on this relationship. The author relates three cases of tricuspid insufficiency due indirectly to peritoneal effusion. Auscultation revealed at the tricuspid orifice a prolonged first sound, and a regurgitant murmur. The second sound was accentuated, more especially over the pulmonary orifice. When the fluid in the peritoneum was removed, there was marked improvement in the character of the heart-sounds. The mode in which the derangement of the heart is effected is regarded as purely mechanical. Owing to the compression, there is in the abdomen a venous ischæmia, whereby in the thorax there is induced a venous hyperæmia. The right side of the heart thus becomes engorged. Moreover, owing to the pressure from below, the diaphragm becomes fixed; the lungs cannot expand freely and express their contained blood. The consequence is that the flow of blood from the pulmonary arteries through the lungs is obstructed. Thus the right heart is exposed to a twofold strain; the greater pressure of the incoming blood from the thoracic venous hyperæmia; and the obstruction to the outgoing blood from the inefficient expansion of the lungs. In confirmation of these views, the author brings forward other facts. He quotes the observation of Larcher (1859) and of Depaul (1880), frequently verified by himself, that in advanced pregnancy the first sound over the pulmonary orifice becomes accentuated, and that sometimes the first sound over the base of the xiphoid cartilage becomes prolonged and blowing. The same phenomena are observed in cases of ovarian cysts and of other large abdominal tumours. Moreover, it is possible in perfectly healthy persons to induce a well-marked accentuation of the sound at the pulmonary orifice by compressing the abdomen, or even by simply causing the subject to hold his breath. In a practical point of view, it would often be of the greatest importance to know whether the abdominal affection was the cause of the heart-mischief. WILLIAM R. HUGGARD, M.D.

284. *Gonzalez on Intermittent Fever Simulating Asiatic Cholera.*—A case is reported by Dr. Gonzalez (*El Siglo Medico*) of an attack of intermittent fever, in which the prominent features were those of Asiatic cholera in its most pronounced form. The patient had suffered from attacks of marsh intermittent ague of a mild type for the past two years. He was 21 years old, and otherwise

healthy. He appears to have been seen soon after he was attacked, and the onset of the disease was sudden. The patient presented all the symptoms of collapse, a subnormal temperature (96°), cyanosis, coldness of extremities, paralysis of muscles, and stupor. The skin was clammy, the respiration frequent and laboured. The urine was abundant and passed unconsciously, as was also an extremely copious serous diarrhœa. The diagnosis of ague as opposed to cholera was made, in the first place because the time of year was that at which ague was on the increase, and, although there had been some cases of cholera, none had occurred since the patient had been in the town; secondly, because he, being a soldier, had just landed from a sea-voyage in a transport, where the most unsanitary conditions prevailed, and these conditions were well calculated to promote an outburst of marsh poisoning which he had previously acquired; and thirdly, because the absence of prodomata, the abundant secretion of urine, the absence of spasms, the loss of consciousness from the commencement, and the character of the respiration, all pointed to an intermittent fever rather than to cholera poisoning. The treatment accordingly consisted of quinine in physiological doses, nutrient enemata, and alcohol, and the result justified the diagnosis. At the commencement 22¼ grains of sulphate of quinine were injected into the arms hypodermically, and 15 grains were added to a nutrient enema. This latter, with the same quantity of quinine, was repeated in an hour and a half, while the patient was allowed to drink freely lemonade with a few drops of tincture of digitalis added. In four hours the prominent symptoms of collapse had disappeared, and during the next day there was marked alleviation of the symptoms. On the afternoon of the third day there occurred a relapse. (The quinine treatment had been continued but in smaller doses.) Thirty-one grains of quinine were then injected hypodermically, and a similar quantity added to an enema. The symptoms were completely relieved in two hours, though at their outset they appeared even more violent than in the first attack. The subsequent course of the illness would appear to have been favourable. The peculiar manifestation of ague poison in this form, and the amount of quinine given, with the manner of giving it (viz. by injection) and its rapid action, are considered by Dr. Gonzalez worthy of attention.

285. *Kispert on Small-pox without Eruption.*—A case of *variola sine exanthemate* is reported as occurring in the practice of Dr. Kispert (*El Genio Medico-Quirurgico*), and the diagnosis appears to be founded on sufficient grounds. The patient was an adult, re-vaccinated, and of a feeble habit. Pyrexia began with a severe rigor, and continued for six days. The highest temperature was 104·3. There was typical pain in the back, and headache in the beginning, with repeated shiverings, &c. Some acute exanthema, probably variola, was diagnosed at the onset of the attack from its prevalence in the town, and the character of the pain and pyrexia; but throughout the fever the most careful search could only discover a very few small papules of an insignificant appearance, disappearing on pressure, which did not become vesicular, and which went away in a day or two without any mark being left. Although the attack was severe, recovery was rapid; but after the proper time for incubation had elapsed the husband of the patient—who had nursed her throughout, and had himself been completely isolated from any source of infection elsewhere—developed typical confluent small-pox of a very severe type. It is not stated if he was vaccinated.

Walter Pye.

OBSTETRICS AND GYNÆCOLOGY.

RECENT PAPERS.

286. Breus, Karl.—On the Treatment of Puerperal Eclampsia. (*Archiv für Gynäkologie*, Vol. xix., Pt. 2, 1882.)

287. Rodenstein, L. A.—Significance of Prolonged Gestation. (*New York Med. Jour.*, May 1882.)

288. Jorisenne.—A new Sign of Pregnancy. (*Archives de Tocologie*, 1882.)

289. Gaunt.—The Treatment of Puerperal Mastitis by Iodide of Lead Ointment. (*Amer. Jour. of Obstetrics.*)

290. Sinclair.—Superinvolution of the Uterus. (*Boston Med. and Surg. Jour.*, Dec. 21, 1882.)

Art. 286. *Breus on Puerperal Eclampsia.*—Six cases of puerperal eclampsia, treated by diaphoresis and with but one fatality, have been reported by Dr. Karl Breus. The patient is immersed up to her neck in a bath at a temperature of 100·4° F., and the water is then further heated to as high a degree as bearable. The patient's stay in the bath should be about half an hour, or until a copious diaphoresis commences on the face and head. She is then packed in a sheet, and several warm thick blankets wound round her; the face being alone uncovered, to prevent any impediment to respiration. These may be removed in three or four hours. Thirst may be relieved by moderate use of soda-water. On the reappearance of coma or convulsions, the bath and pack may be again resorted to. Dr. Breus believes hydrate of chloral given in enemata to be a valuable adjunct to the bath. In the first two reported cases the convulsions occurred before delivery—in the first at the ninth and in the second at the sixth month. The baths were resorted to with the result that the convulsions ceased, both patients being delivered of living children. Convulsions occurred both during labour and after delivery in the third case, and towards the end of labour in the fourth case; but free use of the baths resulted in the entire recovery of both patients. The fifth case presented an untoward complication, in the shape of cirrhosis of the liver. The patient was comatose when admitted into the hospital, and died on the third day. In the sixth case the convulsions did not appear until the twenty-third day after delivery, but the patient made a good recovery.

287. *Rodenstein on the Significance of Prolonged Gestation.*—Four interesting cases are reported by Dr. Louis A. Rodenstein, in which the normal period of gestation was much exceeded. He supports his belief in the possibility of prolonged gestation by allusion to several authenticated cases reported by trustworthy observers. No attempt is made to limit the prolongation, which may vary from three days to beyond five months, as reported by Professor Meigs. Uterine gestation goes on for nine months, and ceases with the birth of the child. Should labour remain in abeyance, Dr. Rodenstein offers no explanation of the phenomenon, but thinks that the child remains inert, *in utero*, and that its growth ceases. Were it not so, serious complications would arise during delivery, owing to the overgrowth of the fœtus. In the cases mentioned, the size of the child was

normal at the termination of the prolonged gestation.

288. *Jorisenne on a New Sign of Pregnancy.*—Several years ago Graves demonstrated the fact that in cardiac hypertrophy, whatever the position of the body, the radial pulse remains constant. Jorisenne accepts this theory, and, assuming that cardiac hypertrophy exists in pregnancy, he states that whereas in health a change from the upright to the horizontal position entails a diminution of from ten to twenty beats in the radial pulse, no such alteration is observed in pregnancy. He recommends that the pulse be taken very carefully while the patient is standing, then sitting, and finally reclining. By this means, pregnancy has been diagnosed as early as the first month, the only other existing sign having been amenorrhœa.

John Phillips, M.B.

289. *Gaunt on the Treatment of Puerperal Mastitis by Iodide of Lead Ointment.*—In the *Amer. Jour. of Obstetrics*, Dr. Thomas T. Gaunt expresses his disappointment at the ill-success of belladonna in checking the secretion of milk, but reports good effects from iodide of lead. He says :—'The breast being thoroughly dried and perfectly cleansed, we smear its surface with the officinal ointment of the iodide of lead, and then gently rub it in until a considerable quantity is absorbed. Soak a piece of sheet-lint, of a size sufficient to cover the breast, in the following solution :—Acetate of lead, from ʒij to ʒss to the pint of a one-to-four solution of alcohol. If we desire a more elegant preparation, eau de Cologne may be substituted. If there be much pain, it is often well to apply an ice-bladder upon the sheet-lint covering the breast. The lint should be frequently dipped in the lead lotion. The following phenomena will present themselves. First, there will be a cessation of pain, fulness, and uneasy feeling of distention. It is common for the patient, who has been exhausted by pain and consequent loss of sleep, to fall into a refreshing slumber even after the application is made. In the course of three or four hours, the breasts may be completely emptied by an experienced hand. The ointment should be used as a lubricant during the manipulation. By applying the iodide freely twice or thrice daily, the secretion will be gone in less than one week as a rule. The pivotal point in the treatment is the use of this ointment, the evaporating lotion and cold being only adjuncts. I have proved by repeated trials that when applied alone it is capable of exerting an absolute control over the secretion. I believe we here invoke a specific action from the lead iodide. A point of considerable moment is the partial anæsthesia it is capable of inducing, which thus enables us to empty the glands, where before even slight pressure was badly borne. Its action without doubt extends to the epithelial cells, and inhibits their secretory activity ; as is seen in its action, in cases like the above, in causing the drying up of the secretion.'

290. *Sinclair on Superinvolution of the Uterus.*—Dr. Sinclair, at a meeting of the Boston Obstetrical Society (*Boston Med. and Surg. Journal*, Dec. 21, 1882), reported a case of what he regarded as uterine superinvolution. The woman was 26 years old, and, after the third child-birth, she ceased to menstruate. Although plump and well she was very nervous. There had been no menstruation for a year when she consulted Dr. Sinclair, who found an extremely small infantile uterus. This would not admit a small uterine sound, but a probe could be passed up two and a half inches. She is now 36 years old. A year ago the husband had called to say that his wife was in charge of a physician, who said that the trouble was due to a ruptured perinæum and lacerated cervix. Dr. Sinclair claimed an examination in his own defence, and found no laceration whatever.

PATHOLOGY.

RECENT PAPERS.

291. Ivanoff, S. A.—A Contribution to the Study of Cerebral Changes in Rabies and Uræmia. (*Vratch*, 1882, No. 15, pp. 233-5.)

292. Atkinson.—Cerebral Abscess communicating with an Abscess in the Pharynx, and complicated with Tumour of the Brain. (*Brit. Med. Jour.*, Dec. 1882, p. 1093.)

293. Manson.—Lymph-Scrotum associated with Filariæ and other Parasites. (*Lancet*, Oct. 1882, p. 616.)

294. Thomas.—The Life-History of the Liver-Fluke. (*Lancet*, Nov. 1882, p. 849.)

295. Burger.—The Fungus of Whooping-Cough. (*Berl. Klin. Wochensch.*, Jan. 1, 1883.)

296. Balogh.—The Tubercle-Bacillus. (*Wien. Med. Wochensch.*, No. 51, 1882.)

297. Vallat.—Hyaline or Fibrinous Degeneration. (Virchow's *Archiv*, Band lxxix.)

298. Steven.—Tuberculosis of the Uterus and Fallopian Tubes. (*Glasgow Med. Jour.*, Jan. 1883.)

299. Parada.—Anomalous Development of Parts about the Branchial Clefts. (*El Siglo Medico*, Jan. 14.)

300. Tizzoni.—Experimental Study of the Repair and New Formation of the Liver. (*Gazz. degli Ospitali*, Jan. 21, 1883.)

301. Reed.—The Histogenesis of Carcinoma. (*Philad. Med. Times.*)

302. Lancereaux.—The Varieties of Cirrhosis of the Liver. (*Revue de Méd.*, July and October.)

303. Frerichs.—Sudden Death and Coma in Diabetes. (*Wien. Med. Wochensch.*, No. 25, 1882.)

304. Sabourin.—Obliteration of the Hepatic Veins in Cirrhosis of the Liver. (*Revue de Méd.*, Aug. 1882.)

305. Huet.—On Fibroma of the Renal Capsule.

Art 291. *Ivanoff on Cerebral Changes in Rabies and Uræmia.*—Following the suggestion of Professor A. A. Raievsky, of St. Petersburg, Dr. S. A. Ivanoff (*Vratch*, 1882, No. 15) undertook a comparative examination of the brain in healthy and rabid dogs. In regard to rabietic brains, he arrived at results which closely resembled those described by Dr. Gowers, Professor Kolesnikoff (see the London Medical Record, May 1882, p. 198), and others. That is, he found—(1) leucocytic infiltration of the neuroglia ; (2) pericellular and perivascular accumulations of leucocytes, which, in the base of the brain, formed miliary granulation-nodules similar to those detected by Dr. Gowers in the medulla oblongata in hydrophobia in man (and which, also, bore a close likeness to those found by Professors Ivanofsky and Popoff in the grey matter in typhus fever) ; and (3) diaphanous masses or hyaloid flakes on the walls of the blood-vessels. But, while Kolesnikoff, Benedikt, Weller, &c., regard these hyaloid flakes as a specific hydrophobic or rabietic product, Dr. Ivanoff decidedly refuses to look at them in this light. For, firstly, the same diaphanous bodies were found by Professor Popoff and Dr. Stephanoff in uræmia, by Professor Vinogradoff in intermittent

fever, and by Dr. Danillo in phosphorous poisoning. Secondly, the author, like Dr. Czokor, met these flakes in the brains of healthy dogs. In older animals they were invariably present in greater numbers than in younger ; and they were invariably absent in puppies under six months, in healthy and diseased alike. Microscopical examination of the brains in three young puppies, in which uræmia had been artificially produced, gave negative results. The author arrives at the general conclusion, that the hyaloid scales in the brains of dogs have no pathological character whatever. V. IDELSON, M.D.

295. *Atkinson on a Case of Cerebral Abscess, communicating with an Abscess in the Pharynx, and complicated with a Tumour of the Brain.*—Mr. J. M. Atkinson, in the *Brit. Med. Jour.*, Dec. 1882, p. 1093, relates the case of a porter, aged 45, who for some five or six years had been subject to sudden attacks of giddiness, accompanied with severe pains in the head. On May 16, 1881, he was admitted into St. Mary Abbot's Infirmary, complaining of great weakness, accompanied with a constant feeling of giddiness and pain across forehead. Nothing could be detected by examination. On May 21 he had a severe rigor, and speech became thick, but he had no loss of power in any of his limbs and no signs of paralysis. An abscess now pointed in the mouth, and an incision was made in the palate, evacuating about two ounces of very fœtid pus ; there were occasional rigors, with protrusion of both eyeballs, and great restlessness. The patient gradually became comatose, and died on May 28, the temperature shortly after death being 105·8° F. The *post mortem* examination showed a tumour attached to the dura mater, a little anterior to the sella Turcica. It was not attached to the brain at all, but had caused a distinct depression in both frontal lobes on their under surface. The middle fossa of the base of the skull was seen to be full of pus, and a large abscess was exposed in the left temporo-sphenoidal lobe. On further examination, both ophthalmic veins were blocked with clot, and the cavernous sinuses were full of pus. In the anterior triangular space of the neck on the right side a large abscess had formed, which was found to communicate along the carotid canal with the pus in the skull. The case is interesting, as it shows how few symptoms were present for five or six years during the growth of the tumour.

296. *Manson on Lymph-Scrotum, associated with Filariæ and other Parasites.*—Dr. Patrick Manson in the *Lancet*, Oct. 1882, p. 616, gives some notes on a case of lymph-scrotum. The patient, aged 34, consulted him for a lymphous discharge from his scrotum. Eight years previously there had been inflammation and abscesses of this part, and for six years he had suffered from an enlargement of the scrotum with an intermittent discharge. Ten months previously, he had severe attacks of ague. The scrotal enlargement became as large as a man's head, and the discharge of lymph constant, so that it was considered necessary to remove the tumour, which was done, but the patient died eighteen days afterwards of dysentery and exhaustion. At the *post mortem* examination, the whole mucous membrane of the great intestine was found to be covered with ulcers. A number of parasites, twelve in all, were found lying in the subperitoneal fascia, about the iliac fossæ and behind the kidneys, and others elsewhere ; they were long taper-like animals, twelve to fourteen inches in length, one-eighth of an inch broad, and about one sixty-fourth of an inch in thickness. They were dead-white, and moved distinctly when removed from the body. They were examined by Dr. Cobbold, who found they were entirely new to science, and named them 'Ligula Mansoni.' The blood of the patient was also examined ; that from the lungs and the spleen contained but a few filariæ ; while the juices, expressed from the glands in the left groin, contained a considerable number of filariæ.

292. *Thomas on the Life-History of the Liver-Fluke.*—Mr. Thomas, M.A., in the *Lancet*, Nov. 1882, p. 849, describes his researches on the liver-fluke. For a long time he searched in vain to find the particular mollusc supposed to harbour the fluke in its larval form, but at length found in the small *limnæus truncatulus*, a cylindrical worm or redia containing cercariæ. This snail is found close to roots of the grass, generally in flooded meadows. Mr. Thomas describes the result of his infection experiments, and concludes by pointing out that the real preventive of the disease is salt, a small quantity of which will not only kill the larva of the fluke, but the *limnæus* also. Many other animals including man were liable to be infested by flukes, and in the case of man watercresses appear to be a very probable source of infection, a danger very readily avoided by washing the plants in salt and water previously to eating them.

RICHD. NEALE, M.D.

293. *Burger on the Whooping-Cough Fungus.*—Dr. Carl Burger, of Bonn (*Berlin Klin. Wochensch.*, Jan. 1, 1883), has found in the sputa of patients with whooping-cough a great number of elongated elliptical bacteria, in some places crowded together in thick masses, in others more thinly spread over the field of the microscope. Dr. Burger has examined them under magnifying powers, of 340 and 600 diameters. They are not all of the same size ; the smaller are in length about double their breadth. Under still higher powers, a constriction can be seen in some, the indication of active subdivision. Frequently they are aggregated in strings and chains, or form groups of irregular forms. Dr. Burger points out that these bacteria are not to be mistaken for the *Leptothrix buccalis*, the spores of which are frequently seen in the mucus of the mouth, and have some resemblance to whooping-cough bacteria. (Figures illustrative of these organisms accompany Dr. Burger's paper.) The following conclusions as to their etiological relations are submitted. 1. This particular fungus is not present in other sputa. 2. The large quantities leave no room for doubt as to their influence. 3. Their number bears a relation to the intensity of the disease. The author hopes by further observations to bring forward still stricter evidence as regards their pathological relations.

W. B. KESTEVEN, M.D.

294. *Balogh on the Tubercle-Bacillus.*—Professor Balogh (*Wien. Med. Wochensch.*, No. 51, 1882) says he has detected a bacillus in the marshes round Pesth, which behaves very like the tubercle-bacillus. He does not regard the staining test as sufficient to distinguish these organisms. Inhalation experiments were followed by little nodular growths in the lungs, heart, and kidneys of the animals experimented on, and in these nodules bacilli could be detected by Koch's process. Inoculation of bacteria from scarlatinal urine, and from bronchitic sputa, gave rise to similar nodular growths. Professor Koryanyi found

Koch's bacillus in the sputa of a case regarded as one of pulmonary syphilis.

297. *Vallat on Hyaline or Fibrinous Degeneration.* Some years ago, Langhans drew attention to the mode of formation of certain renal hyaline tube-casts by a hyaline degeneration of epithelial casts. This form of degeneration has been recently studied by one of his pupils, Dr. Vallat (Virchow's *Archiv*, Band lxxix., p. 193). He finds it very common in tubercle and syphilis as a precursor of cheesy transformation. He regards it as closely allied to, but not identical with, lardaceous degeneration.

298. *Steven on Tuberculosis of the Uterus and Fallopian Tubes.*—Dr. J. L. Steven (*Glasgow Med. Jour.*, Jan. 1883) reports a case of primary tuberculosis of the uterus and Fallopian tubes. In the uterus and tubes the morbid changes were almost entirely limited to the lining membrane; but the disease had passed to Douglas's pouch, the rectum, lymphatic glands, &c., and there was tubercular meningitis. Tubercle-bacilli were found by Huber's method, but were rare. This method consists in immersing the sections for twelve hours or more in a solution of gentian violet in aniline oil water, of the strength of 1 to 30. The colour is then extracted with nitric acid, and the preparation mounted in the usual manner.

ROBERT SAUNDBY, M.D.

299. *Parada on Anomalous Development of Parts about the Branchial Clefts.*—An instance of anomalous development of the parts about the branchial clefts, allied to those collected by Sir James Paget, Dr. Allen Thomson, and others, is reported by Dr. Parada (*El Siglo Medico*, Jan. 14); and is the more noteworthy from the association of this condition with a persistent patency of the ductus arteriosus. The child was born at the eighth month, and presented these peculiarities about the face. The external ear was about in its right place, but extremely ill-developed; the lobule was absent, and there was no trace whatever of an external auditory canal, the ear being simply an outgrowth of the skin. But lower down on the same side there was a fleshy papilla, in front of which was the opening of a canal, up which a probe could be passed, in the direction of, and apparently into, the Eustachian tube. It was doubtful if the sense of hearing was present in the deformed side, but it was believed to be so. The child was born fairly strong, but with its growth the cyanosis due to the patent ductus arteriosus became more and more evident, and it died in two months. [This deformity of the face is evidently an irregular development of the first postaural cleft (tympano-Eustachian), which in this case had apparently closed up to too great an extent at its posterior and external part, where it should form the external meatus auditorius (round which the external ear is formed in the tissues of the edges of the cleft); while, on the other hand, it was only imperfectly closed over further forward, opposite to where the deeper part of the cleft forms the tympanum and Eustachian tube. Cases of absence of the auditory meatus, with presence of the auricle, are described by Toynbee, Hinton, and Holmes, and would seem to be not uncommon, but the reporter has not found any case in which the closure of the cleft where it should be open has been compensated by its patency where it should be closed on the surface.—*Rep.*] WALTER PYE.

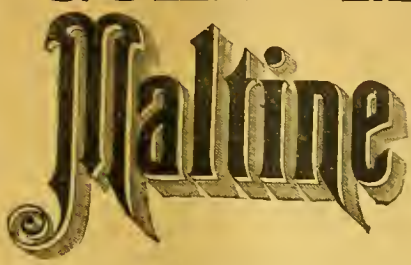
300. *Tizzoni on New Formation of Liver-Substance.*—Professor Tizzoni of Bologna, whilst conducting some experimental investigations on the spleen, accidentally wounded the liver of a dog. Seven months later, the parts were examined. It was then found that the wound was in great part repaired by a new formation having all the naked-eye characters of the organ. This new formation was prolonged upon the great omentum in the form of a triangular tongue about 2 centimetres long, 5 millimetres broad, and 2 millimetres thick. Microscopically, the cells were found in various stages of development. The conclusion arrived at is that the development of the new formation is in all respects identical with the embryonic development of the viscus as described by Remak and by Kölliker, except that the elements are clearer and more evident, because better differentiated. WILLIAM R. HUGGARD, M.D.

301. *Reed on the Histogenesis of Carcinoma.*—Dr. Carl Hempel Reed, in the *Philadelphia Med. Times*, reports the results of some studies in the Pathological Laboratory of the University of Pennsylvania upon the histogenesis of carcinoma. He concludes that cancers have an exclusively epithelial origin, and summarises the essential points in favour of this view as follows. 1. Primary true cancers are found only in locations where there is pre-existing epithelium. 2. No cancer has been proved beyond doubt to have originated heteroptically. 3. The cicatrisation of cancers explains the young connective-tissue infiltration. 4. Young connective-tissue cells or white blood-corpuscles are never seen inside the alveoli. 5. The epithelial cancer-cylinders are independent of the connective tissue. 6. The proliferating power of epithelium normally is greater than that of any other tissue. 7. Experiments show that the epithelial covering in the healing of ulcers is exclusively derived from the epithelium of the border, a most conclusive proof of this being the gradual advancement of the pigment from the borders of the healing ulcer; this fact, by analogy, forming a strong testimony in favour of the epithelial origin of cancer. 8. The transformation of connective-tissue cells into epithelial cells, in extra-uterine life, does not occur either physiologically or pathologically.

302. *Lancereaux on Varieties of Cirrhosis of the Liver.*—Dr. E. Lancereaux (*Revue de Méd.*, July and Oct., 1882), distinguishes three varieties of cirrhosis of the liver—the syphilitic, the malarial, and the alcoholic. In cirrhosis of syphilitic origin, the liver is deeply lobulated, furrowed, and adherent to the neighbouring organs. The cellular hyperplasia seems to centre round the ramifications of the lymphatic and arterial systems. There is little or no ascites, no enlargement of the superficial abdominal veins, and no icterus, unless from compression of the bile-ducts by the newly formed connective tissue. The course of this affection is slow, and the prognosis is favourable. In the malarial variety, the liver is greatly increased in size, of firm consistence, and presents a smooth or slightly granular surface. The principal signs of malarial cirrhosis are hypertrophy of the liver and of the spleen, long-continued jaundice, and slow progress. Alcoholic cirrhosis presents two forms. In one the liver is contracted, hard, fibrous, nodulated, and not adherent to the neighbouring viscera. In the second form, the organ is increased in size, of smooth or granular surface, presenting a connective-tissue hyperplasia with constant granular or fatty degeneration of the gland-cells. The diagnosis of the first form rests upon the emaciation of the patient, the dryness of the skin, excessive and steady increasing ascites, and dilatation

Award of Merit—International Medical Exhibition, London, 1881.

THREE GOLD MEDALS.

TRADE  MARK.

A Concentrated Extract of Malted Wheat, Oats, & Barley.

The Original and only Preparation composed of these three Cereals.

Prescribed by the most eminent members of the Medical Profession in the United Kingdom, America, India, China, and the Colonies, and largely used for patients at the principal Hospitals in preference to all other Extracts of Malt.

The word **MALTINE** is our Registered Trade Mark, and applies **solely** to our preparations.

In its preparation the temperature employed does not exceed 150 deg. Fahr, thereby retaining all the nutritive and digestive agents unimpaired. The German process, under which Extracts of Malt are made from Barley alone, directs that the mash be heated to 212 deg. Fahr., thereby coagulating the Albuminoids, and almost wholly destroying the starch digestive principle, Diastase.

LIST OF MALTINE PREPARATIONS.

MALTINE Plain
MALTINE with Hops
MALTINE with Alteratives
MALTINE with Beef and Iron
MALTINE with Cod-Liver Oil
MALTINE with Cod-Liver Oil and Pancreatine
MALTINE with Cod-liver Oil and Iodides.
MALTINE with Cod-liver Oil and Phosphorus
MALTINE with Cod-Liver Oil and Phosphates
MALTINE with Iodides
MALTINE with Hypophosphites
MALTINE with Phosphorus Comp.
MALTINE with Peptones
MALTINE with Pepsine and Pancreatine
MALTINE with Phosphates
MALTINE with Phosphates, Iron, and Quinia
MALTINE with Phos., Iron, Quinia, & Strychnia
MALTINE Ferrated
MALTINE WINE
MALTINE WINE with Pepsin and Pancreatine
MALTO-VERBINE
MALTO-VIBURNIN

NOTES AND QUERIES ON MALTINE.

Why does Maltine (malted wheat, oats, and barley) contain much larger proportions of Constructive and Nutritive properties than the best Extracts prepared from Barley alone?

Because Chemical Analysis has shown that Wheat and Oats contain much larger proportions of Albuminoids and Nitrogenous elements than Barley. Gluten, which is found very abundantly in Wheat, is the most nutritious element obtained from the Cereals, and the only vegetable substance that will support life indefinitely. Wheat contains from 15 to 35 per cent. of Gluten. Its proportion in other grains is insignificant. (*See Flint's Physiology of Man, p.* 52.) The Nitrogenous principles of Wheat and Oats, *when malted*, are more soluble than they are in Barley, and it is for this reason that dairymen will pay fivepence to sevenpence per bushel for the refuse of grains from malted Barley, whereas they will not accept the refuse grains from Malted Wheat and Oats as a gift.

'Wheat and Oats stand first among our list of Cereals in combining all the elements in proportions necessary to support animal life. They are especially rich in muscular and fat-producing elements. 'Baron VON LIEBIG.'

Why does Maltine contain much larger proportions of the digestive principle, Diastase, than the ordinary Extracts prepared from Barley alone?

Because the Gluten and Ceraline in the Malted Wheat have sufficient power to convert all the starch of the three Cereals into sugar, leaving the unemployed Diastase of the Wheat, Oats, and Barley in the Maltine. Gluten and Cerealine act as powerful ferments, transforming starch, first into dextrine, and then into sugar. (*See Flint's Physiology of Man, p.* 53, *and Watts' Dictionary of Chemistry, vol. i., p.* 657; *vol. ii., pp.* 625 *and* 823.)

Drs. William Roberts and J. Milner-Fothergill recommend Maltine to be mixed with the food, or taken during the meal, to get the best effects of the digestive principle, Diastase.—*Practitioner*, January 1881.

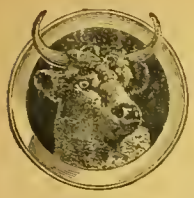
We shall be pleased to furnish Samples of our preparations to any Medical Practitioner desiring them.

Maltine will keep perfectly in any climate or season of the year.

MALTINE and COMPOUNDS in Bottles containing 8 and 16 fluid ounces, equal in weight to 12 and 24 ounces, and in Winchester Quarts, 120 ounces in weight.

THE MALTINE MANUFACTURING COMPANY, LIMITED.
24 & 25, Hart Street, Bloomsbury, London, W.C.

'CARNRICK'S'



BEEF PEPTONOIDS

A Concentrated Powdered Extract of Beef, Partially Digested and Combined with an Equal Portion of Gluten.

We have pleasure in presenting, for the consideration of the Medical Profession, 'CARNRICK'S' BEEF PEPTONOIDS. We consider this product a most valuable one, and feel confident it will be welcomed by the Profession in all parts of the world.

'CARNRICK'S' BEEF PEPTONOIDS contain *only the nutritive portions* of the beef. It contains *no water* and *no inert matter* of any kind. We combine the dry Extract of Beef with an equal *portion* of Gluten to prevent a tendency to deliquescence, and in order to present the preparation in a powdered and portable form. It is well known that Gluten is the most nutritious substance found in the Vegetable Kingdom, and in nutritive elements is closely allied to Beef.

Four ounces of 'CARNRICK'S' BEEF PEPTONOIDS represent as much nutritive and stimulating properties as forty-eight ounces of the best lean Beef.

Four ounces of 'CARNRICK'S' BEEF PEPTONOIDS contain more nutritive elements than ten pounds of any Extract made by Liebig's formula, and from four to six times more Albuminoids and Fibrinoids than any Beef Extract ever offered to the Medical Profession.

Our machinery and process for the production of BEEF PEPTONOIDS are perfectly adapted to the *elimination* of all inert portions of the Beef, and the *retention* of all the nutritive constituents.

'CARNRICK'S' BEEF PEPTONOIDS *is much less expensive than any other preparation in the market, as it contains neither water or inert matter.*

The favour our preparation of BEEF PEPTONOIDS received at the hands of Drs. AGNEW, BLISS, HAMILTON, REYBURN, WOODWARD, BARNES, &c., the corps of eminent Physicians, who employed the preparation with so much advantage in the treatment of the late PRESIDENT GARFIELD, proves conclusively its great value, not only as food to be taken by the mouth, but also how important an agent it has been found in feeding by the Rectum.

Please refer to the very able article of Dr. D. W. BLISS, in New York *Medical Record*, July 15, 1882, in which he so frequently refers to our BEEF PEPTONOIDS having been used to so great an advantage, not only in the case of the late PRESIDENT GARFIELD, but many others as well.

A reliable and experienced person is employed to select the Beeves before they are slaughtered, and to superintend the killing and dressing. Great care is exercised in this respect, and none except the most healthy and suitable Beeves are employed in making our BEEF PEPTONOIDS.

Every physician will appreciate the importance of this care, for an Extract made from diseased Beef would not only be deleterious, but would, in many cases, produce lasting injury and fatal results.

The use of BEEF PEPTONOIDS is indicated as follows :—

Convalescence from all diseases. Fevers, Pneumonia, Weak Digestion, Diarrhœa, Dysentery, Phthisis, Cholera Infantum, Marasmus, Sea Sickness, Excessive use of Alcoholic Stimulants. Per Rectum in all cases where the stomach cannot digest the food, and in debility resulting from any cause. Also a valuable adjunct in voyages and camp life.

We shall be pleased to have the Profession everywhere test the value of this Preparation, and for that purpose we shall be happy to send a sample to any regular practitioner desiring it; also circulars fully explanatory.

Thanking the Profession for generous support in the past, we beg to remain, very respectfully,

THE MALTINE MANUFACTURING COMPANY, LIMITED,

24 AND 25 HART STREET, BLOOMSBURY, LONDON, W.C.

AN EXHIBITION

WILL BE HELD AT

HUMPHREYS' EXHIBITION HALL, KNIGHTSBRIDGE,

FROM

JUNE 2nd to JUNE 16th,

UNDER THE AUSPICES OF THE

NATIONAL HEALTH SOCIETY,

44 BERNERS ST., OXFORD ST., W.

The Exhibition will be divided into seven Classes, and will contain a variety of Ladies' Hygienic Clothing, comprising examples of the Divided Skirt, Hygienic Corsets, Normal Boots and Shoes, Sanitary Suspenders and Braces for Stockings and Petticoats, Waterproof Clothing, and Greek and other Æsthetic Costumes adapted for modern wear.

Food Products, Prepared Meats, and Invalids' and Children's Food. Mineral Waters, Temperance Drinks, and Specialities in Wines, Beers, &c.

The Sanitation of the House will be represented by Hygienic Decorations, Paints, Wallpapers, &c. (non-poisonous), Parquet, Tile, and other Floorings and Wainscotings, Water and other Closets, Deodorizers, Disinfectants, Water Filters, improved Dustbins, &c.

Appliances for the Sick Room, Home Nursing, and Home Educational Appliances for the Young.

Domestic Medical and Surgical Appliances, Medicine Chests, &c.

Industrial Dwelling and Cottage Hygiene, and Publications dealing with House Sanitation in every Language.

Heating, Lighting, and Cooking by Oil, Gas, and Electricity, &c., &c.

SILVER AND BRONZE MEDALS WILL BE AWARDED IN EACH CLASS,

AND THE

GOLD MEDAL OF THE SOCIETY

Will be given to any Exhibit which, in the opinion of the Jurors, may merit such an award.

PLANS OF THE HALL WILL SHORTLY BE READY FOR DISTRIBUTION.

All applications for space to be made to

MR. E. J. POWELL,

MANAGER OF THE EXHIBITION,

44 BERNERS STREET, W.,

From whom further particulars may be obtained.

THE

HUNGARIAN WINES

Of His Imperial and Royal Highness the Most Serene ARCHDUKE ALBRECHT are for the first time introduced into this country. The RED

KADARKA

AND

WHITE RIESLING,

24*s.* per dozen, are highly recommended. Sample Dozen Cases at 30*s.*, 37*s.*, and 55*s.* delivered free in every part of the Kingdom.

CAUTION.—The Bottles are protected by the seal of the Archducal Estate, without which none are genuine. Pamphlets free on application.

MAX GREGER & CO., Limited,

Wine Merchants to Her Majesty the Queen; Sole Consignees for the above-named Wines for Great Britain, Ireland, and the English Colonies,

7 MINCING LANE, E.C., and 2 OLD BOND ST., LONDON, W.

When purchasing MAX GREGER'S **CARLOWITZ** (HUNGARIAN CLARET), examine the Corks whether they are branded with our name in full, and with the HUNGARIAN CROWN, without which none are genuine.—MAX GREGER & CO. (Limited), Wine Merchants to Her Majesty the Queen. 7 Mincing Lane, and 2 Old Bond Street, London.

K. R. SCHRAMM

(*Twelve Years Manager to the late Mr. Heather Bigg*),

MANUFACTURER OF ALL KINDS OF IMPROVED

ORTHOPÆDIC APPLIANCES,

Dr. Protheroe Smith's Pelvic Bands,

Mr. Reeves' Universal Talipes Shoe, &c.

64 BELMONT STREET, N.W.,
AND AT 54 CROGSLAND ROAD,
LONDON.

NEW PATENT

Invalid Bed Table, Reading Desk, & Drawing Board

COMBINED.

The only really perfect Table for the requirements of Invalids made.

By the use of this Table, a Patient who is unable to feed himself may do so with ease and comfort while sitting in bed. He can, with the smallest expenditure of strength, move it higher or lower, or to or from him, and when required for reading or writing place it at any angle he pleases. Although invented for Invalids, this Table is equally adaptable to Convalescents—either for breakfast in bed, book or paper rest, drawing or writing table, or as a smoker's companion; in fact, its uses are of a most multifarious character. Already in use in Hospitals, &c.

Apply to Proprietor—

GEO. THIRKETTLE,
HYDE PARK, LEEDS.

Applications are invited to Tender for Royalty to Manufacture the above on account of the pressing demand.

of the superficial abdominal veins. Death usually results from mechanical obstruction to respiration. In the second form, the hypertrophied liver and the absence of ascites resemble the signs of malarial cirrhosis, but the two varieties differ in the character of the icterus. In cirrhosis of malarial origin, jaundice is always present, but in the alcoholic form it appears late in the course of the disease, and is then of very grave prognosis. The patients usually present symptoms of great depression, and die comatose.

303. *Frerichs on Sudden Death and Coma in Diabetes.*—Frerichs distinguishes three forms of sudden death, or coma, in diabetes: 1. Sudden death from syncope, collapse, paralysis of the heart after exertion, &c.; 2. Coma, ushered in by gastric or other local affections, and accompanied by headache, delirium, anxiety, and dyspnœa; 3. Coma without dyspnœa, commencing with headache, vertigo, a feeling of intoxication, and drowsiness. As regards the alleged causes of coma and sudden death in diabetes, Frerichs states as follows. 1. Œdema, or anæmia of the brain, must be rejected on the evidence furnished by numberless necropsies. 2. So also must the existence of hyperglycæmia, an inspissation of the blood, whereby the corpuscles are changed and rendered unfit for the respiratory function. 3. Uræmia can be proved to exist neither through examination of the urine, nor by any changes found *post mortem* in the kidneys. 4. Fatty emboli have been discovered in the capillaries of the brain or lungs in only a very insignificant number of necropsies. 5. Large quantities of acetone have been found in the urine of diabetic and other patients, in whom no nervous disturbances were present. Further, large doses of acetone, administered to men and animals, have failed to produce any dyspnœa or brain symptoms. The theory of necrotic processes in the kidneys, advanced by Ebstein, the author also rejects, as other observers have failed to substantiate his discoveries. The so-called hyaline changes in the urinary tubules, however, are constant. This hyaline substance Frerichs asserts, is produced by glycogenic degeneration—is, in fact, glycogen. Analogous changes have been found in the liver, the heart, inflamed lung-tissue, and other organs.

304. *Sabourin on Obliteration of the Hepatic Veins in Cirrhosis of the Liver.*—In an article in the *Revue de Médecine* for August 1882, Dr. Sabourin concludes that in the great majority of cases of true cirrhosis of the liver the hepatic veins are obliterated. This obliteration may be limited in extent, or it may involve the entire intralobular system of veins, even including branches of very considerable size. The obliteration is due to a true adhesive phlebitis.

305. *Huet on Fibroma of the Renal Capsule.*—Dr. Huet recently presented to the Société Anatomique of Paris (*Le Progrès Méd.*, Sept. 23, 1882) a specimen of a tumour discovered *post mortem* in the body of a woman who had died of pulmonary disease. Its presence had not been suspected during life. The tumour was ovoid in shape, of the size of a large nut, and was attached to the convex border of the right kidney by a pedicle which allowed considerable motion. On section, its texture was exactly like that of a uterine fibroid, composed of a mass of irregularly woven greyish-white fibres. Its tissue was distinct from that of the cortex of the kidney. The capsule of the kidney was closely adherent to the tumour at its junction with the pedicle.

PHYSIOLOGY.

RECENT PAPERS.

306. Genzmer.—The Activity of the Senses in New-born Infants. (*Centralbl. für die Med. Wiss.*, Oct. 1882.)

307. Ellenberger and Hofmeister.—The Effects of Mechanical Suppression of the Cutaneous Functions. (*Deutsche Zeitschr. für Thiermed. und Vergl. Path.*, Band viii.)

308. Eckert.—On the Measurement of the Blood-pressure by Basch's Sphygmomanometer in Children. (*Vratch*, 1882, No. 14, pp. 220-22; No. 15, pp. 239-41; No. 16, pp. 253-57; and No. 17, pp. 275-77.)

309. Marianini and Namias.—On the Position of the Heart's Impulse. (*Gazz. degli Ospitali*, Nov. 1882.)

310. Bizzozero.—The Origin of the Red Corpuscles in the different classes of the Vertebrata. (*Assoc. Med. Ital.*)

311. Golgi.—On Compensatory Hypertrophy of the Kidney. (*Reale Istituto Lombardo di Scienze e Lett.*)

312. Binz.—The Action of Ozone on Blood. (*Centralbl. für die Med. Wiss.*, 1882, No. 11).

313. Hoppe-Seyler, G. — Physiological Behaviour of Orthonitrophenylpropiolic Acid. (*Zeitschr. für Phys. Chem.*, Band vii.)

314. Salkowski, E. and Salkowski, H. — The Changes which certain Aromatic Acids, produced by the Fermentation of Albumen, undergo in the Body. (*Ibid.*)

315. Salkowski, E.—Further Contributions to the Knowledge of the Formation of Urea, and of the Changes which Amido-benzoic Acid undergoes in the Animal Organism. (*Ibid.*)

316. Marshall, T.—Determination of the Molecular Weight of the Hæmoglobin of the Dog. (*Ibid.*)

317. Ward.—The Functions of the Soft Palate and Uvula. (*Amer. Jour. of Med. Sciences*, April 1882

318. Post.—The Effects of Cutaneous Irritation on the Pulse. (*New York Med. Record*, 1882, No. 621.)

Art. 306. *Genzmer on the Activity of the Senses in New-born Infants.*—Genzmer, in a second edition of his inaugural dissertation (*Centralbl. für die Med. Wiss.*, Oct. 1882) says that the sense of touch is developed from the earliest period, and reflex actions are readily excited by the slightest stimulation of the nerves of touch, especially of the face, then of the hands, and soles of the feet. The feeling of pain is but slowly developed, and is only clearly exhibited after four or five weeks, before which time infants do not shed tears. True muscular sense is at least doubtful. Excitement of the sense of touch gives rise to unconscious reflex movements; the amount therefore, rather than the quality of the sensation, is observable. Closure of the nostrils occasions a reflex dyspnœa. Hunger and thirst are manifested in an increased general irritability, followed by reflex movements; these cease after the first week. Smell and taste are not distinguishable in infants. Genzmer asserts, in opposition to Kussmaul, that the sense of hearing is perceptible in the first, or at most the second, day of life. New-born infants are so sensitive to light that they will turn the head to follow a mild light; whilst, if a strong glare be suddenly thrown upon the eye, squinting is induced, and even convulsive closure of the lids. After a few days, the child will follow the motion of various objects by movement of its head. Between the fourth and fifth weeks the convergence of the pupils and the power of co-ordination in vision are perceptible. A distinct perception of colour does not exist under four or five months; before then it is quantity rather than quality of light that is recognised. The inhi-

bitory reflex centre is not yet developed in the eye ; weak and moderately strong irritation excite movements which subserve that purpose. Excessively strong impressions only excite passive movements. New-born infants cannot separate the impressions on their organs of sense. The readiness of excitability is shown in the fact that the stronger the stimulation, the shorter the physiological interval.

307. *Ellenberger and Hofmeister on the Effects of Mechanical Suppression of the Cutaneous Functions.* Dr. Ellenberger (*Deutsche Zeitschr. für Thiermed. und Vergl. Path.*, Band viii. ; and *Centralbl. für die Med. Wiss.*, 1882, No. 52) says that (*Centralbl.*, 1877, s. 539) Senator has shown that the received doctrine of the danger of varnishing the skin in the human subject is not valid. Dr. Ellenberger has experimented with an impervious varnish, on horses, sheep, pigs, and dogs, and has arrived as a result at the conclusion that the generally received opinion is not correct that varnishing not only the whole but even a part of the body is followed by fatal effects. One sheep died from the direct consequences ; these animals seem the least able to endure the effects. Pigs are but little affected by even repeated varnishing ; at first the bodily temperature falls one degree. No danger follows in dogs ; at first the pulse rises and the temperature falls. Neither polyuria nor albuminuria is induced. A thick coating of tar is dangerous to dogs by the absorption of its fluid constituents. In horses the effects are not unimportant, but they are not lethal. After clipping, the temperature sinks 1° to 1½° C., and after a few days this becomes again normal. After varnishing the surface of the body, respiration becomes slower and deeper, the pulse increases in frequency, and the temperature 1° to 3° C. Muscular tremors follow. The quantity of urine and of urea was increased for several days ; but neither albumen nor bile was present. All these phenomena disappeared in the course of two or three weeks. The vicarious action of the lungs and kidneys compensated and prevented any severe disturbance. Herr Hofmeister found that from one horse experimented upon, from 114 to 195 grammes of urea were excreted during seventy-four hours ; from five others, 104 to 114 grammes daily. One horse died from pneumonia. In healthy animals, varnishing was not followed by albumen in the urine. Indican was found in normal quantity.

W. B. KESTEVEN, M.D.

308. *Eckert on the Measurement of the Blood-Pressure in Children.*— Dr. Alexandra Eckert, Physician to the Elizabethan Hospital for Children, St. Petersburg, publishes (*Vratch*, 1882, Nos. 14–17) the results of her observations on the blood-pressure, carried out in thirty healthy and twenty diseased children, aged from 1½ to 13 (two-thirds of them girls). The measurements were taken on both temporal arteries by means of a Basch's sphygmomanometer, which had been duly modified to be fit to the region selected by the author for her experiments. She arrives at the following conclusions. A. *For healthy children.*—1. During the period between two and ten years the blood-pressure increases from year to year, at first slowly, corresponding to the slow increase in height and weight ; then during the fifth, sixth, and seventh years more rapidly ; the seventh and eighth years present an equal tension ; the ninth and tenth, again, show a considerable increase ; while during the next three years the blood-pressure slightly falls, though height and weight continue to increase at a considerable rate. 2. The blood-pressure in the left temporal artery in a vast majority of cases is from 1 to 10 millimètres higher than in the right. 3. Given an equal age, in boys the average blood-pressure (as well as weight and height) is higher than in girls. B. *For diseased children* (eight cases of typhoid fever, two of mixed typhoid, six of recurrent typhoid, four of bone-abscesses).—1. The febrile state invariably has a decided effect on the blood-pressure in the peripheric arteries. 2. Febrile processes of short duration, with rapid rise of temperature and a distinct crisis, forcibly modify the blood-pressure, which at first rises to a high manometric level, and afterwards during the crisis falls considerably below the normal average. 3. The febrile forms of prolonged duration at the beginning show an increase of arterial tension. After long standing, the febrile state is accompanied by a considerable reduction of the blood-pressure. 4. With the cessation of fever the blood-pressure gradually recovers, and within from one to three weeks reaches the standard figures corresponding to an age given. [The apparatus which had been introduced by Professor Basch in 1880 (see his 'Ueber die Messung des Blutdruckung am Menschen,' in the *Zeitschr. für Klin. Med.*, 1880, Vol. ii. ; also 'Einige Ergebnisse der Blutdruckmessung an Gesunden und Kranken,' *ibid.*, 1881, Vol. iii.) seem to have found a friendly reception in the St. Petersburg Clinics. At least, within this twelvemonth, besides Dr. Eckert, three other observers have employed Basch's sphygmomanometer for their researches, namely, Drs. Sholkovsky (see the LONDON MEDICAL RECORD, April 1882, p. 317), Stelmahovich (*ibid.*, Nov. 1882, p. 453), and H. Shapiro ('Inaugural Dissertation on the Influence of Observations of the Blood-Pressure on the Heart's Activity in Health and Disease'). All these observers have, however, found it necessary to more or less modify the original instrument of Basch.—*Rep.*]

V. IDELSON, M.D.

309. *Marianini and Namias on the Position of the Heart's Impulse.*—The authors (*Gazz. degli Ospitali*, Nov. 1882) carefully examined 55 healthy persons of both sexes of all ages, in the upright position, 54 surgical and 126 medical cases. Their conclusions are these. 1. The heart's beat occupies in 67 per cent. the fourth intercostal space, in 33 per cent. the fifth. 2. The difference in favour of the fourth space is greater in the female sex than in the male : in females 86 per cent. in the fourth and 14 per cent. in the fifth, whilst in males in 62 per cent. the heart's impulse is in the fourth space, and in 38 per cent. in the fifth. 3. With advancing age, the cardiac beat is lowered. 4. The erect position also lowers it. 5. All maladies of the respiratory apparatus, not only chronic, but also acute, which embarrass the circulation through the lungs, such as extensive pneumonia, capillary bronchitis, and pleurisy with copious effusion, lower the heart's impulse.

310. *Bizzozero on the Origin of the Red Corpuscles in the different Classes of the Vertebrata.*—Little more than ten years ago nothing definite was known as to the origin of the red corpuscles ; the hypothesis existed, that they were developed from the white corpuscles. A great step in advance was made when young red corpuscles provided with a nucleus were found in the medulla of the bones of the higher and some of the lower vertebrata, thus showing that the production took place in this organ. The exact origin of the red corpuscles had still to be deter-

mined, and their derivation from transformation of the white corpuscles was still admitted. Professor Bizzozero noticed that many of the corpuscles were in a state of scission—that is, with a double nucleus and an equatorial constriction. He afterwards found that this multiplication of the red elements took place by indirect scission. His recent studies, undertaken with Dr. Torre, prove that these young corpuscles in a state of scission have their seat in the medulla of the bones in mammals, birds, reptiles, batrachia anura (frogs), while they are found in the spleen in batrachia urodela (newts, &c.), and in fishes. The production of the red corpuscles in the adult takes place by scission, as is the case in the embryonic period of life, and not by transformation of the white corpuscles.

311. *Golgi on Compensatory Hypertrophy of the Kidney.*—After having enumerated the controversies still existing as to the interpretation to be given to compensatory hypertrophy of the kidneys, the author gives (*Reale Istituto Lombardo di Scienze e Lett.*, and *Gazz. Med. Ital. Lombarda*, Dec. 2, 1882) the results of his observations on kidneys rendered hypertrophic in animals by the performance of nephrectomy. From these observations it is clear, what indeed was presumable, that the enlargement of a kidney consecutive to the exportation of its fellow must be attributed, at least in part, to the growth of pre-existing gland-tissue, as is seen by the direction of the physiological increase. The author asks if, besides this mode of increase in compensatory hypertrophy, we ought to admit a true new formation of canaliculi in the interstitial tissue, by a differentiation of the epithelial cells of the connective; and says that he does not feel sufficiently authorised to affirm the existence of such true new formation of the canaliculi.

G. D'Arcy Adams, M.D.

312. *Binz on the Action of Ozone on Blood.*—Binz has investigated the action of ozone on blood (*Centralbl. für die Med. Wiss.*, 1882, No. 11), and has found that, passed for a considerable time through a large volume of defibrinated blood, ozonised air produces no visible microscopical or spectroscopic change in the blood. If the quantity of blood were small, the ozone darkened its colour and altered its spectrum; and, when microscopically examined, the corpuscles were observed to be unbroken and to have swollen up and become globular. A solution of oxy-hæmoglobin, similarly treated, was after a short time rendered muddy and brown, and, after a longer time, yellowish-green, with an acid reaction. In every case, the whole of the ozone did not disappear from the air in its passage through the blood. The negative effect of the ozone on a large quantity of blood agrees with what the author has observed in the blood of animals which have been kept sleeping for hours by means of ozonised air.

313. *Hoppe-Seyler on the Physiological Behaviour of Orthonitrophenylpropiolic Acid.*—George Hoppe-Seyler (*Zeitschr. für phys. Chem.*, Band vii, p. 178), in the chemical laboratory of the Physiological Institute of Berlin, has investigated the changes which orthonitrophenylpropiolic acid ($C_9H_5(NO_2)O_2$) undergoes when administered to rabbits and dogs. Comparatively recently, Baeyer has prepared indigo ($C_{16}H_{10}N_2O_2$) from this acid by means of weak reducing agents in alkaline solutions. George Hoppe-Seyler has been able to prove that the same process of reduction occurs when the acid is administered to animals, indigotine appearing in the urine combined with sulphuric acid, and, in small part, with glycuronic acid. The nitrophenylpropiolic acid is poisonous to both rabbits and dogs, but in a proportionately larger dose to the former than to the latter. In the latter the administration of even one gramme was followed by polyuria and by the appearance of albumen and glucose in the urine, a condition which was never observed in the urine of the rabbits. Some importance is to be attached to G. Hoppe-Seyler's experiments, as indigo and indol are natural constituents of the urine.

314. *E. Salkowski and H. Salkowski on the Changes which certain Aromatic Acids, produced by the Fermentation of Albumen, undergo in the Animal Body.*—This article (*Zeitschr. für Phys. Chem.*, Band vii., p. 161), forms a valuable addition to the several highly interesting researches which have been made quite recently on the changes which bodies of the aromatic series undergo in the animal organism. The results of the present research are of particular interest, because, instead of choosing to observe the changes induced in some aromatic body which is rarely or never met with but in the laboratory of the chemist, the authors have selected for observation those aromatic acids which are known to be the products of the putrefactive fermentation of albumen, and which are believed to be constantly produced to a greater or less extent in the alimentary canal, particularly in pathological conditions. These acids are phenylacetic acid and propionic acid, both of which are homologues of benzoic acid; and *p*-oxyphenylacetic acid, and *p*-oxyphenylpropionic acid, homologues of *p*-oxybenzoic acid. The first of these, phenylacetic acid, given to dogs and rabbits, was found in the urine combined with glycocol to form a compound, $C_{10}H_{11}NO_3$, which the authors have named phenaceturic acid. None of the phenylacetic acid appeared unchanged in the urine, unless it had been administered in large quantity. None of it was apparently oxidised to benzoic or hippuric acids; nor in any experiment except one had the authors reason to believe that a portion of it had been converted into phenol. The phenylacetic acid is itself highly antiseptic. Phenylpropionic acid did not appear in the urine as a glycocol compound, but seemed to have been largely converted into hippuric acid, and in small quantity into benzoic acid. None of it was excreted unchanged. Its conversion into hippuric acid is very interesting, because the authors state, as their belief, that phenylpropionic acid, arising from the fermentation of albumen in the alimentary canal, is the entire source of hippuric acid in the urine. The next acid, *p*-oxyphenylacetic acid, an acid which the authors were the first to separate as a product of decomposing albumen, was found after administration to have undergone a similar change to that which oxyphenylacetic acid was observed to suffer. It formed a compound with glycocol, which the authors have named oxyphenylaceturic acid. The last of the four acids, *p*-oxyphenylpropionic acid was found in the urine almost entirely in the form of *p*-oxybenzoic acid. None of it appeared unchanged, and the urine did not contain a trace of phenol. The acid does not increase the decomposition of albumen in the animal body. In this respect it differs from phenylacetic acid, which the authors found to augment very considerably the amount of sulphuric acid in the urine.

315. *Salkowski on the Formation of Urea, and the Changes which Amido-benzoic Acid undergoes in*

the Animal Organism.—The conclusions which Professor Salkowski (*ibid.*) has arrived at from this investigation may be thus summarised. 1. Amido-benzoic acid is in the animal organism partly converted into uramido-benzoic acid, and in variable proportion, never exceeding 20 per cent. 2. The remainder of the acid partly remains unaltered, and is partly excreted as hippuric acid. 3. The amido-benzoic acid does not form any sulphur compound in the organism, nor does it affect the quantity of the paired or ether-sulphuric acid. 4. The uramido-hippuric acid is not formed in the kidneys. 5. The formation of urea is not disturbed by the formation of uramidic acid in the body; the uramido-benzoic acid is not formed at the expense of the urea. 6. The amido-benzoic acid occasionally causes, like benzoic acid, an increase in the decomposition of albumen within the body.

316. *Marshall on the Determination of the Molecular Weight of the Hæmoglobin of the Dog by the Displacement of Carbonic Acid in CO-hæmoglobin by NO.*—Dr. Marshall (*ibid.*) made his analyses in the laboratory of Professor Hüfner, and in order to determine the molecular weight of hæmoglobin took advantage of the fact, first pointed out by L. Hermann, that nitric oxide is capable of driving out the carbon monoxide from its combination with hæmoglobin. As CO-hæmoglobin is readily obtainable in a pure crystalline form of definite composition, this seemed a suitable method for ascertaining the molecular weight of hæmoglobin. Hüfner previously found that 1 gramme of hæmoglobin is capable of uniting with 1·202 cc. of oxygen at 0°C. and 1 m. pressure. Marshall has estimated that the same weight of hæmoglobin combines with 1·205 cc. of carbon monoxide, from which he has calculated the molecular weight of hæmoglobin to be 14127. Hüfner, from his experiments, had calculated it as 14129. Marshall accepts Hüfner's as the more correct, and therefore gives the empirical formula of CO-hæmoglobin as $C_{687}H_{1025}N_{164}FeS_3O_{190}$.

Matthew Hay, M.D.

317. *Ward on the Functions of the Soft Palate and Uvula.*—In the *Amer. Jour. of Med. Sciences* for April 1882, Dr. Whitfield Ward publishes a paper, in which he shows that the velum and uvula play an important part in the production of nearly every tone that issues from the vocal organs, and, without their proper action, singing is out of the question. During the production of tones that are emitted through the nose alone, the free border of the velum rests upon the dorsum of the tongue, thus shutting off all communication between the fauces and anterior buccal cavity, and increasing the length of the human musical pipe. If, during the intonation of certain notes, the pendulous velum should be pressed up against the pharynx, exactly the same effect would be produced as though a piece of the upper extremity of an organ pipe were to be cut off; namely, the placing of the note higher in the scale. The physiology of the uvula is none the less remarkable, since very many of the actions of the velum are entirely under the control of this important little body, which acts as its supporter.

318. *Post on Cutaneous Irritation and the Pulse.*—Dr. Sarah E. Post (*New York Med. Record*, 1882, No. 621) gives the results of a number of experiments on patients, of the effects of electrisation of the skin on the pulse. These were retardation of the pulse-rate, and, as a rule, rise in tension. Mustard plasters applied to the spine caused at first increased pressure and acceleration, followed by diminished pressure and frequency. Dry cupping applied to the back caused rise of pressure, with slight acceleration; no result followed application to the thigh.

OPHTHALMOLOGY.

RECENT PAPERS.

319. McKay.—Eye-diseases dependent upon Suppression of Menses. (*Amer. Jour. of Med. Sciences*, Oct. 1882.)

320. Hermann (Gottlieb).—On the Cause of Colour-Blindness. (*Dorssat*, 1882.)

321. Taylor. Transplantation of the Skin *en masse* in the Treatment of Ectropion and other Deformities. (*Practitioner*, Dec. 1882. p. 427.)

322. Benson.—Treatment of Partial Trichiasis by Electrolysis. (*Brit. Med. Jour.*, Dec. 1882, p. 1203.)

323. Adams.—Peroxide of Hydrogen in Ophthalmic Disease. (*Brit. Med. Jour.*, Dec. 1882, p. 1148.)

324. Saundby and Eales.—Changes in the Fundus Oculi in Anæmia. (*Ophth. Review*, Sept. 1882.)

325. Mazza.—Total Calcareous Degeneration of the Crystalline Lens. (*Gazz. Med. di Roma*, Sept. 1882.)

326. Masse.—Grafting Corneal Tissue on the Iris. (*French Academy of Sciences.*)

327. Cowell.—On Modifications of Von Gräfe's Linear Operation for the Extraction of Cataract.

328. Loring.—Choked Disc and Intracranial Disease. (*New York Med. Jour.*, June 1882.)

329. Mañez.—Shepherds' Ophthalmia. (*Revista de Med. y Cirurg. Pract.*, Sept. 22, 1882.)

330. Saltini.—Iodoform in Affections of the Eye. (*Tenth Congress of the Ital. Med. Assoc.*, 1882.)

331. Masini.—Resorcin in Maladies of the Eye. (*Tenth Congress of the Ital. Med. Assoc.*, 1882.)

332. Chisolm.—Cystic Tumour due to a Hair which had penetrated the Eyeball. (*Maryland Med. Jour.*, Dec. 1, 1882.)

Art. 319. *McKay on Eye-diseases dependent upon Suppression of Menses.*—In the *American Journal of Medical Sciences* for Oct. 1882, Dr. R. J. McKay reports twelve cases in which suppression of the menses was accompanied by disturbance of vision. Cases of this kind demand prompt recognition as to their etiology (before vision is too much impaired by the internal eye-disease), in order that they may be successfully treated and relieved. Partial loss of vision, and inability to use the eyes in young healthy-looking females, without external eye-disease, always suggest to his mind the probabilities of menstrual disturbance, and he makes it a rule to at once inquire about the matter.

Young school-girls often manifest asthenopia (weak and painful sight) about the time their menses are being established, and especially if their menses become irregular from any cause, which may produce partial or complete suppression for an indefinite time. Sometimes they manifest decided congestion of the optic papillæ and retinæ, and at others no internal eye-lesion, with the exception of strain of accommodation. This is common to all such cases, for they have some refractive deformity of their eyes. The latter sooner or later causes their muscles of accommodation to rebel from their overtaxing and too continuous work.

320. *Hermann on Colour-blindness.*—Dr. Hermann finds that Stilling's pseudoisochromatic tables, with Holmgrèn's wool, should be used together in testing soldiers and officials for degrees of colour-blindness. Dr. Höppner's tables refer to Russian railway signal-

men and engine-drivers only; they were published in an early number of the *Vratsch* for 1882. Dr. Hermann has collected the following tables, showing the relative prevalence of colour-blindness among 1,012 school children and students of different races at Riga.

Race.	Cases Examined.	Partially Colour-blind.	Wholly Colour-blind.
German	630	20 or 3·17 p.c.	8 or 1·27 p.c.
Polish	140	2 or 1·67 ,,	3 or 2·34 ,,
Jewish	114	6 or 5·26 ,,	3 or 2·63 ,,
Lettish	68	2 or 2·95 ,,	—
Russian	45	1 or 2·22 ,,	2 or 4·44 ,,
Esthonian	2	—	—
'Foreigners'	13	1 or 7·70 ,,	—
Total	1,012	32 or 3·19 p.c.	16 or 1·59 p.c

Dr. Hermann states, in concluding his thesis, that his researches do not lead him to perfect belief in any one of the theories that are said to account for colour-blindness. ALBAN DORAN.

321. *Taylor on Transplantation of Skin en masse in the Treatment of Ectropion and other Deformities.*—In the *Practitioner*, Dec. 1882, p. 427, Dr. Charles Bell Taylor reports a most instructive case, accompanied with photographs, showing how large pieces of skin may safely be transplanted to distant regions, and that without the preparation recommended by Dr. Wolfe, who advised every particle of cellular tissue to be carefully scraped away from the cutis of the flap grafted in. The case, Dr. Taylor now reports, is that of a girl, who had lost much of the upper eyelid through extensive exfoliation of diseased bone in a scrofulous habit; the ectropion being most disfiguring. The upper and lower lids, being pared, so as to create a raw surface on each, were firmly fixed by sutures at their tarsal margins, and retained thus for six months. At the same time a flap, sufficient in size to fill up the gap left when the lids were in this position, was dissected from the arm and placed *in situ*, just as it was dissected out; the result being that, at the end of the six months, a face, previously repulsive, was transformed into one that was attractive and pleasant to behold. Dr. Taylor finds that his percentage of success in such cases is greatly increased since he employed flaps that received no such preparation as was originally advised by Dr. Wolfe.

322. *Benson on the Treatment of Partial Trichiasis by Electrolysis.*—Mr. Arthur Benson, in the *Brit. Med. Jour.*, Dec. 1882, p. 1203, proposes a new method of treating cases of partial trichiasis by electrolysis. The plan adopted is as follows. A fine gold needle is attached to the negative pole of a Leclanché's battery, and its point inserted along the hair to be destroyed, so that the root is reached. The positive pole is then attached to the lid near the outer canthus, and the current allowed to pass for about half a minute, when the hair will be found to be quite loose. Only a few can be done at a time this way, on account of the subsequent inflammation sometimes set up. The advantages claimed for this method over epilation, snaring, or the actual or potential cauteries, are these. 1. Any individual hair can be destroyed without injuring those beside it. 2. The hair can be got rid of at once and for ever. 3. Hairs of any length, strength, or position can be treated. 4. By its early use it will render unnecessary many of the more formidable operations on the lids, besides saving the patient much misery.

323. *Adams on Peroxide of Hydrogen in Ophthalmic Disease.*—Mr. James Adams, in the *Brit. Med. Jour.*, Dec. 1882, p. 1148, refers to a paper by Mr. Kingzett in the *Journal* of Dec. 2, on the uses of peroxide of hydrogen in medicine and surgery. Mr. Adams speaks in the highest terms of its action in cases of severe purulent ophthalmia; he has refrained from publishing any cases, as M. Landolt, of Paris, was expected to bring out a paper on its action on purulent discharges from the conjunctiva.

RICHARD NEALE, M.D.

324. *Saundby and Eales on Changes in the Fundus Oculi in Anæmia.*—Saundby and Eales (*Ophth. Review*, Sept. 1882) have examined the fundus oculi in fifty cases of simple well-marked chlorosis, and found notable pallor of the disc and fundus, with distended and tortuous veins, which sometimes pulsated. In six cases, there were whitish yellow or black spots noted. In five there was very slight blurring of the disc; in four others slight ill-defined exudations around the discs or near the fovea or at the periphery of the retina, and in one case two spindle-shaped hæmorrhages. All the four cases with exudation were markedly hypermetropic. There was one case with a patch of choroidal atrophy, and one of extensive choroido-retinitis, with abundant evidence of hereditary syphilis. Thus in eight per cent. there was undoubted evidence of neuro-retinitis. In many cases the perforated disc depreciated the accuracy of vision, pointing to failure of perception of light.

ROBERT SAUNDBY, M.D.

325. *Mazza on Total Calcareous Degeneration of the Crystalline Lens.*—This case is related in the *Gazz. Med. di Roma*, Sept. 1882. The patient, 58 years of age, had suffered from the age of 16 with conjunctivitis of the left eye, which gradually, after repeated relapses affecting more and more the deeper structures of the bulb, terminated by inducing complete blindness, causing an anterior sclero-choroid staphyloma, a corneal leucoma with synechiæ of the iris, and almost complete atresia of the pupil. The small apertures of the pupil which remained appeared occupied by a whitish exudation. From the various alterations to which the eye was subject, from the great augmentation of tension and from the recurrent acute attacks, Dr. Mazza judged it expedient to apply drainage with a double gold thread, as recommended by De Wecker in retinal detachment. This operation appeared to be of real advantage to the patient; but after a month or a little more he was tired of it, and desired the extraction of the drainage-thread. Two months after this he was seized with panophthalmitis, and, as he would not submit to the enucleation of the bulb, Mazza determined to divide it. The point of the knife slipped on a body of stony hardness, which, being extracted, was recognised as the crystalline lens itself in a state of calcareous degeneration. No chemical analysis of it was made; but the author has no doubt that it resembled the crystalline lens extracted by Desmarres and examined by Robin in 1848. This consisted of an external stratum, one inch in thickness, friable like an egg-shell, the internal mass having the consistence of fat. Under the microscope it was seen to be composed of inorganic particles, soluble with effervescence in hydrochloric acid, and of an amorphous, nitrogenous, finely granular network, and of scattered albuminous particles.

G. D'ARCY ADAMS, M.D.

326. *Masse on Grafting Corneal Tissue on the Iris.*—In a note presented to the French Academy of Sciences by Prof. Vulpian on the part of Prof. Masse of Bordeaux, the latter points out the results of his experiments in grafting small pieces of corneal tissue upon the iris of rabbits' eyes. Two forms of new growth upon the iris appear to result from such transplantations of tissue: (1) pearly tumours made to all appearance of epithelial cells; (2) cysts with delicate transparent walls. He thinks that the growths of similar appearance which are encountered clinically can in the same way be accounted for by accidental transplantations, the force of the blow having been sufficient in the case of a perforating wound to carry on to the iris small particles of corneal tissue.

W. A. BRAILEY, M.D.

327. *Cowell on Modifications of Von Gräfe's Linear Operation for the Extraction of Cataract.*—In a paper read at the last annual meeting of the British Medical Association (*Brit. Med. Jour.*, Jan.) Mr. G. Cowell says:—'I have from each new method reverted with satisfaction to Von Gräfe's modified linear extraction; but I was early induced to introduce certain minor modifications of my own, or, rather, I would prefer to call them attentions to minor, yet important, details, for every surgeon knows that it is on these that the success of all operations in a large measure depends. These modifications, if such they may be called, may not suit everyone's mode of operating; but a careful attention to them will minimise dangers, and, in my own hands, they have been attended with a very considerable success, as I shall show by giving an analysis of 100 consecutive cases. But, first, let me describe the points to which I attach importance, and the modifications that I have followed. 1. I always have the pupil well dilated with atropine on the morning of the operation. 2. I always give an anæsthetic, unless it be contradicted, or unless I can be sure of the complete quietude of my patient. Only 6 per cent. have been operated on without. 3. The section is corneal, but sufficiently peripheral to be subconjunctival, the puncture and counter puncture, which are a little lower than in Von Gräfe's operation, alone being just outside, or in the sclero-corneal junction, according as there is reason to believe that there is a large or small nucleus. 4. The section is made with extreme deliberation, with scarcely more pressure than the weight of the knife; and in making the middle of the section the edge of the blade is not turned much forwards, the desire being that the middle of the section should be only just within the margin of the cornea. It is important that the knife be sharp, in order that no force be used in making the section, thereby avoiding all risk of disturbing the coats and contents of the eye. 5. Sometimes, but not always, after the section has been made, the end of the section answering to the counter puncture is just touched by the end of the blade of Gräfe's knife, so as to make the section of the internal surface of the cornea correspond with the section of the outer surface, as is already the case at the point of puncture. This is important only when the section is somewhat small or the nucleus large. 6. A period of rest of at least one minute is taken between each step of the operation, to give the eye time to adapt itself to the new conditions of circulation and tension. 7. A free crucial incision is made in the anterior capsule. 8. A gentle coaxing out of the nucleus and all the soft lens matter is made with the smooth back of the curette, taking care that the surface of the cornea is moist before passing the curette over it, avoiding, at the same time, all force, and using the hook at once if the nucleus does not readily escape. 9. A careful tucking in with the end of the curette of any portion of iris or urea that may be occupying the angles of the section. A neglect of this precaution sometimes postpones the healing of the wound, and leads to the formation of a cystoid cicatrix, which may, at some future time, be a cause of irritation in the eye. It is also important carefully to adjust the conjunctival flap over the wound. I use the same instruments as were recommended by Von Gräfe, except that I prefer the iris forceps curved at the points, instead of straight, and the iris scissors made in the form of forceps, as they are then as convenient for use with the left hand as with the right. As a result of an attention to these points, I claim: 1. 'An immunity from rupture of the hyaloid, or what does duty as a hyaloid, and, therefore, from loss of vitreous except when the latter is very unhealthy, about five per cent.; 2. The diminished frequency of the occurrence of iritis and other inflammatory conditions; 3. A more rapid convalescence, twelve to twenty days, average fifteen days; 4. An increased proportion of cases in which the patient is able to read brilliant type. The after-treatment is that recommended by Von Gräfe. It is rarely necessary that the patient should be kept in bed beyond the third day, or confined to the house beyond the twelfth or fourteenth. I most rigidly abstain from looking at the eye before the fourth day, and often wait until the sixth or seventh. I have for many years given up the practice of keeping my cataract patients in a dark room.'

328. *Loring on Choked Disc and Intracranial Disease.*—Dr. E. G. Loring (*New York Med. Jour.*, June 1882) concludes an article as follows. 1. The vaso-motor theory, as advanced by Benedikt, is not sufficient to explain either the mode of transmission of the morbid irritation within the head, or the resulting neuritis optica. 2. The irritation is conveyed, not by the isolated fibres of the sympathetic system, but through the agency of the trigeminus. 3. Choked disc or papillitis, in connection with brain-disease, is not simply a vaso-motor disturbance—a vascular change—which leads to inflammation and stasis on account of the anatomical conditions of the parts affected, but it is a true neuritis, the expression of an irritation of certain fibres of the fifth pair, which not only regulate the blood-supply in the vessels of the disc and its neighbourhood, but which also maintain the healthy processes of waste and repair of the elements of the tissues themselves. This being so, the same analogies and distinctions between 'irritation' and 'inflammation' can be made here as with sympathetic ophthalmia, so that here, as well as there, the irritation may exist as such for an indefinite time, or may so reduce the vitality and resisting power of the tissue of the disc and surrounding parts as to develop gradually, or explode suddenly, into an actual inflammation—that is, into a neuritis. The immediate and exciting cause of this neuritis might then be either an external one, such as exposure to cold or heat, over-exertion, either mental or physical, or, indeed, too much exposure to light, which, under the weakened condition of the organ, might lead to a papillitis; or the exciting cause might be an internal one, such as some irritation from the condition

of the blood and circulating fluids, either chemical or mechanical, either local or general, which, insufficient in itself to produce any bad effect upon a normal disc, might yet be just sufficient to produce a condition of inflammation in a part that was weakened and irritable.

329. *Mañez on Shepherds' Ophthalmia.* — Dr. Eduardo Mañez describes (*Revista de Med. y Cirurg. Pract.*, Sept. 22, 1882) three cases of conjunctivitis, caused by the presence of the larvæ of the *musca carnaria*, observed by him in shepherds. The first symptom noticed was that of a foreign body in the eye, accompanied by a pain like the pricking of pins, referred to the oculo-palpebral fold of the conjunctiva. Then followed lacrymation, agglutination of the eyelashes, swelling of the lids, and injection of the conjunctiva. Small whitish worms, moving about with great rapidity, could be seen in the eye. If these could be extracted in the beginning, the conjunctivitis subsided without further treatment; but later their removal was difficult on account of the tumefaction of the lids. After a trial of various remedies in a similar conjunctivitis excited in rabbits, the author found that the best was the essential oil of juniper. This, when dropped into the eye, caused the death of the worms in a few minutes, and the conjunctivitis then disappeared under the ordinary treatment.

330. *Saltini on Iodoform in Affections of the Eye.*—Iodoform has been used for the last year in the Ophthalmic Clinic of Modena in the form of powder in various maladies of the conjunctiva and cornea. It is always well tolerated, and seems to exercise a certain efficiency as an antiseptic in ulcers and in infiltrations of the cornea. Professor Gradenigs was able, in a case of burning of the conjunctivo with quicklime, to prevent the formation of a symblepharon.

332. *Chisolm on Cystic Tumour due to a Hair which had Penetrated the Eyeball.*—At the meeting of the Baltimore Academy of Medicine held Nov. 7, 1882 (*Maryland Med. Jour.*, Dec. 1, 1882) Dr. J. J. Chisolm reported a rare case of cystic tumour of the iris occurring in a child 4 years of age. Nine months since, he was accidentally struck in the left eye by a piece of wire from a hoopskirt. It cut the cornea on the nasal side, leaving a cicatrix extending from the pupillary border to the inner corneal margin—not passing over into the sclera. The iris was adherent to the corneal wound, leaving the pupil free, however, and sight was not destroyed. Three months since, and six months from the receipt of the accident, a minute yellow spot was detected in the centre of the temporal side of the iris, midway between the pupillary border and the corneal margin. It caused no pain, and did not inject the eye. For three months its slow growth had been watched till it attained the size of a millet seed. It was considered a dangerous development, needing a special interference. The patient was brought to him for the removal of the growth. Under chloroform an iridectomy was successfully performed, removing the entire tumour with a margin of healthy iris. When the specimen was held up in the iridectomy-forceps for inspection, much surprise was occasioned by finding a hair sticking directly out of the growth, which was apparently the cause of the new development. This hair had no hair-bulb, and had not grown, therefore, in the eye, but had evidently been carried in from without at the time of the accident. It was a transplantation into the iris from which, by long-continued irritation, the growth had developed. In at least 30,000 eye patients which Dr. Chisolm has from time to time had under treatment, this was the first iritic tumour that he had met with in his practice. The child did well after the operation.

TOXICOLOGY.

RECENT PAPERS.

333. Davidson.—Poisoning by Ergot of Rye. (*Lancet*, Sept. 1882, p. 526.)

334. Macleod.—A Novel Method of Committing Suicide. (*Brit. Med. Jour.*, Dec. 1882, p. 1246.)

335. Bocci.—The Poisonous Action of Human Urine. (*Centralbl. für die Med. Wiss.*, No. 51, 1882.)

336. Ruge.—Poisoning by Carbolic Acid. (*Berlin. Klin. Wochensch.*, Oct. 30, 1882.)

337. Bonaccorsi.—The Antagonism of Opium and Nicotin. (*Archiv. Med Ital.*, Fasc. iii. and iv.)

338. Salkowski, E. The Behaviour of Carbonic Acid Blood towards Sulphuretted Hydrogen. (*Zeitschr. für phys. Chem.*, Band vii.)

339. Salkowski, E. The Detection of Arsenic Acid by the Silver Reaction. (*Ibid.*)

Art. 333. *Davidson on Poisoning by Ergot of Rye.* Davidson records a fatal case of poisoning by ergot of rye in the *Lancet*, Sept. 1882, p. 526. The patient, aged 28, had, before coming under observation, vomited half a pint of blood and passed urine which looked like blood. The face, eyes, neck, and upper portion of the chest was intensely jaundiced, the eyes and lips were surrounded by hæmorrhages. The temperature was 96°; the pulse was too rapid to be counted, and could hardly be felt. The cardiac impulse had a distinctly rolling character, and beat 150 in a minute. Respiration varied from 48 to 56. The patient admitted having taken ergot of rye for several months to procure abortion, and of having taken 'two handfuls' of this drug in the solid form the day before the commencement of the illness. With the object of discharging the force of the poison through an active uterus, labour was induced. As an antidote, liquor chlori was administered; but the case was obviously quite hopeless from the beginning, and the patient fell into a state of stupor and died. At the *post mortem* examination, a large quantity of fat was found in the thorax and abdomen, and this, and all the organs except the brain, contained innumerable small hæmorrhages. In the abdominal cavity was a large quantity of blood. No large vessel was found ruptured. The blood was everywhere very fluid. In the uterus was a five months' fœtus. This case is most interesting, the more so from the fulness with which the details are given.

334. *Macleod on a Novel Method of Committing Suicide.*—Mr. M. D. Macleod, in the *Brit. Med. Jour.*, Dec. 1882, p. 1246, in referring to a report in the *Journal* of July 1, 1882, records two cases in which suicide was attempted by plugging the pharynx with a wedge of flannel. The uncertainty of discovering what is necessary to be done when called suddenly to cases of asphyxia is greatly increased by such cases, as it might be too late to relieve the patient by the time one had examined if anything had been pushed down the pharynx.

Richard Neale, M.D.

335. *Bocci on the Poisonous Action of Human Urine.*—Dr. B. Bocci (*Centralbl. für die Med. Wiss.*, No. 51, 1882) says that human urine injected under the skin of frogs causes paralysis, and finally death. The urine after meals is most poisonous, that of strong middle-aged men most so, that of a woman less, and that of children and old people least. On mammals the action is much weaker, causing at most depression, not paralysis. When injected into the heart, its action was more energetic. The reflex nerve-centres and the sensory nerves were not primarily affected. The excitability of the muscles was only slightly diminished. The excitability of the motor nerves, on the other hand, was rapidly and completely abolished, so that electrical stimulation caused no regular contraction, only a fibrillar twitching of the muscles. This action was very analogous to that of curare. The irritability of the motor nerves was abolished without affecting the irritability of the muscles, or primarily affecting the sensory nerves or reflex centres. ROBERT SAUNDBY, M.D.

336. *Ruge on a Case of Poisoning by Carbolic Acid.* Dr. Ruge relates the following case in the *Berlin. Klin. Wochensch.*, Oct. 30, 1882. A female, aged 59, took, in mistake for a dose of medicine, a tablespoonful of concentrated solution of carbolic acid (95 per cent.). The whole quantity was swallowed. The instantaneous effect was a fearfully intense sensation of burning in the mouth and throat. The face became pale, the hands and feet cold, and the pulse scarcely perceptible. Vomiting did not ensue, so that the whole dose was retained. Fortunately, antidotes were immediately procured. In the first place the patient drank freely of milk, and then of a mixture of milk, white of egg, and carbonate of magnesia. After taking these, vomiting occurred. The white of egg was returned in lumps like hard-boiled egg, and the vomited matters had no smell of carbolic acid. The above treatment was continued for several days. It is remarkable that no special signs of the poisoning supervened. The urine that was voided was dark-coloured, but free from albumen, and soon resumed its normal characters. No febrile symptoms occurred. The interior of the mouth was corroded and very painful, the pain extending far down the œsophagus. The epigastrium was not tender to pressure. The mucous membrane of the mouth and tongue came away in shreds, and large quantities of mucus, originating doubtless in the œsophagus, were rejected by vomiting. The severe pain in swallowing continued for six days, during which time the patient could take only pultaceous food. The difficulty of swallowing gradually diminished, but had not entirely passed off by Sept. 27 (the acid was swallowed on Aug. 23), solid food requiring a greater effort of deglutition. In all other respects, the patient was perfectly restored to health. W. B. KESTEVEN, M.D.

337. *Bonaccorsi on the Antagonism of Opium and Nicotin.*—The author (*Archiv. Med. Ital.*, Fasc. iii. and iv.) gives the continuation of his studies on the antagonism of various remedies, which he began in 1877 with opium and belladonna. His experiments were made on rabbits, guinea pigs, and frogs. From the results obtained with morphia and nicotin, together and separately, and with morphia and hyoscyamin, morphia and aconitin, and morphia and daturin, he arrives at the following conclusions. 1. The antagonism between morphia and nicotin is a demonstrated fact. 2. There is no antagonism between morphia and aconitin, hyoscyamin, or daturin. 3. Opium and morphia act particularly on the cortical part of the brain, and on the arachnoid, producing hyperæmia, congestion, paralysis, especially of the vasomotor and of the respiratory centres. 4. Nicotin acts particularly on the brain and medulla oblongata, at first irritating it, and in prolonged action paralysing the nerves which arise from it. 5. Neither morphia nor nicotin has any special action on the blood, liver, kidneys, or bladder. 6. Opium has a depressing action on the splanchnic nerve, while nicotin excites the intestinal ganglia. 7. Death with morphia and nicotin is by asphyxia, with morphia from its paralysing action, with nicotin by its tetanising action on the centre of circulation. 8. In poisoning with nicotin, opium or morphia is to be preferred to any other remedy. G. D'ARCY ADAMS, M.D.

338. *Salkowski on the Behaviour of Carbonic Acid Blood towards Sulphuretted Hydrogen.*—In addition to the use of the spectroscope and of Hoppe-Seyler's soda test for the distinction of carbonic acid blood from normal blood, Salkowski suggests (*Zeitschr. für Phys. Chem.*, Band vii., p. 114), a reaction which depends upon the greater resistance displayed by carbonic acid blood, than by normal blood, towards sulphuretted hydrogen. If ordinary oxygenated blood be diluted to the extent of 1 cc. of blood in 50 cc. of water, and the solution be shaken with half to three quarters its volume of a saturated solution of sulphuretted hydrogen, the red colour disappears in a few moments and the fluid becomes dirty green. If the same experiment be made with carbonic acid blood, on adding the sulphuretted hydrogen the red colour is not visibly altered. If the fluid be now placed in a hermetically sealed tube, it will retain its colour for months. This ought to be of considerable medico-legal importance.

339. *Salkowski on the Detection of Arsenic Acid by the Silver Reaction.*—As is well known, solutions of arsenic salts give a reddish precipitate with nitrate of silver. This important reaction often fails in the hands of inexpert analysts, because the arseniate of silver is not only soluble in nitric acid and ammonia, but is also soluble in nitrate of ammonia. This difficulty Salkowski (*Zeitschr. für Phys. Chem.*, Band vii., p. 123) proposes to avoid by treating the solution of sulphide of arsenic in fuming nitric acid, which has had its acid afterwards largely removed by evaporation, with carbonate of lime or barium, heating, and filtering. Although the arseniate of calcium or barium is soluble with difficulty in water, yet sufficient of it remains dissolved in the filtrate to give a red precipitate of arseniate of silver on the addition of nitrate of silver.

MATTHEW HAY, M.D.

DISEASES OF THE THROAT.

RECENT PAPERS.

340. WOOD AND FORMAD.—Report on Diphtheria. (*Supplement, No. 17, National Board of Health Bulletin*, Washington, Jan. 21, 1882.)

341. WEIST. — Foreign Bodies in the Air-Passages. (*American Practitioner*, Aug. 1882.)

342. MACKENZIE.—Tubercular Tumours of the Windpipe and Tuberculosis of the Laryngeal Muscles. (*Archives of Medicine*, Vol. iii., No. 2, Oct. 1882.)

343. BROWN-SÉQUARD.—The Possibility of Introducing a Tube into the Larynx without causing Pain or Irritation. (*La France Médicale*, Oct. 3, 1882.)

344. Potain.—Laryngeal Typhus. (*Gazette des Hôpitaux*, Sept. 28, 1882.)

345. French.—Photographing the Larynx. (*Canada Medical and Surgical Journal*, 1882.)

346. Bregen.—Wound of the Larynx with Tearing and Prolapsus of the Mucous Ventricle. (*Revue Mensuelle de Laryngologie*, Nov. 1882.)

347. Kraicz.—Œdema of the Glottis. (*Wien. Med. Wochensch.*, No. 22, 1882.)

348. Harrison.—Fracture of the Thyroid Cartilage. (*Lancet*, June 17, 1882.)

349. Landerer.—Extirpation of the Larynx and Pharynx. (*Centralbl. für Med. Wiss.*, Sept. 23, 1882.)

350. Herz.—Chronic Pharyngitis and Retropharyngeal Lymphadenitis in Children. (*Wien. Med. Wochensch.*, 1881, No. 35, 36; *Schmidt's Jahrb*, 193, 2.)

351. Gouguenheim.—Subacute Miliary Tuberculosis of the Pharynx. (*L'Union Médicale*, Aug. 1882.)

352. Trélat.—Epithelioma in the Pharyngeal Region. (*Gazette des Hôpitaux*, Oct. 10, 1882.)

353. Bayer.—Tonsillar Mycosis, Lingual and Pharyngeal. (*Revue Mensuelle de Laryngologie*, Nov. 1882.)

354. Hack.—Reflex Neuroses and Nasal Affections. (*Berlin. Klin. Wochensch.*, No. 25, June 1882.)

355. Bresgeu.—Bronchial Asthma and its Relation to Chronic Nasal Catarrh. (*Prager Med. Wochensch.*, No. 25, 1882.)

356. Jacquin.—The Relation between Asthma and Nasal Polypi. (*Gazette des Hôpitaux*, June 3. 1882.)

357. Delavan.—Hypertrophy of the Osseous Structure of the Turbinated Bones. (*Archives of Laryngology*, Vol. iii., No. 3, July 1882.)

358. Mason.—An Improved Method of Treating Depressed Fractures of the Nasal Bones. (*Anatomical and Surgical Society of Brooklyn: Half-Yearly Compendium of Medical Science*, July 1880.) Reprint.

359. Brieger.—A Case of Laryngeal Perichondritis. (*Monatsschrift für Ohrenheilkunde*, No. 7, 1882.)

360. Weir.—Hæmorrhage after Excision of the Tonsil. (*Lancet*, Oct. 1882, p. 715.)

361. Holmes.—The Treatment of Enlarged Tonsils. (*Lancet*, Nov. 1882, p. 798.)

Art. 340. *Wood and Formad on Diphtheria.*—Drs. Wood and Formad, in concluding their report on Diphtheria (*Supplement, No. 17, National Board of Health Bulletin*, Washington, Jan. 21, 1882), formulate the following as the facts they have established regarding the nature of this disease. 1. The micrococci of diphtheria do not differ, so far as observed, from those of furred tongue, &c., except in their tendency to grow in culture fluids. 2. The micrococci of furred tongue, or ordinary sore throat, have a less tendency to grow under culture than have the micrococci of endemic non-malignant diphtheria. 3. The micrococci of endemic, or non-malignant diphtheria, have a much less tendency to grow under culture than have the micrococci of malignant diphtheria. 4. The rapidity of growth of the micrococci is in direct proportion to the malignancy of the case yielding them, and its contagiousness. 5. On exposure to the air, diphtheritic membrane of the most virulent type loses its contagious power, and the micrococci *pari passu* lose their power of growing in culture-fluids. 6. Under successive generations of artificial culture, the diphtheritic micrococci lose their growth and activity, and also their power of infecting the rabbit. 7. It has not been experimentally directly proven, but it is a necessary inference from the two facts just stated, that under certain favouring circumstances the sluggish micrococcus puts on growth-activity, and in all probability *poisonous properties*. 8. Every grade of case can be found in man from an ordinary sore throat, through simple pseudo-membranous angina and tracheitis, up to malignant diphtheria. 9. Any inflammation of the trachea of sufficient intensity may cause the formation of a pseudo-membrane. 10. A case may begin as one of sthenic 'pseudo-membranous croup,' and end as one of adynamic 'diphtheria,' with blood-poisoning; and in cases of this character not unfrequently no exposure to contagion is discoverable, and there is clinically every reason to believe that the blood-poison has been developed within the body of the patient. The theory of the disease which they would deduce from these facts is that the micrococcus, which directly or indirectly causes the diphtheria, is not a specific organism different from that common to healthy and inflamed throats, but is an active state of that organism; that certain circumstances outside of the human body are capable of throwing this common micrococcus into this condition of active growth, and engendering an epidemic of diphtheria. When diphtheria is thus epidemic, the micrococci alight upon a throat, and, if it have little resisting power, as in a child, inflame it, or increase a catarrh already existing into a violent inflammation, and also rapidly enter the blood and cause systemic poisoning. On the other hand, a catarrh in a weakly subject may, in the beginning, be simply an inflammation from cold; but the ordinary micrococci in the throat or mouth, favoured by the special conditions, &c., may gradually change from the dormant to the active state, and by-and-by act upon the throat, and at last force their way into the system, and a self-generated diphtheria be formed out of a 'cold.' It has already been abundantly proven that there is no specific character detectable in the micrococci of diphtheria. The history of wounds infected with diphtheritic poison, and of those infected with hospital gangrene, lends further countenance to the idea that diphtheria and certain other septic diseases are really different manifestations of the one affection; the difference in symptoms depending rather upon the difference in the location than in a difference of the nature of the septic process.

341. *Weist on Foreign Bodies in the Air-Passages.* A paper on this subject was read by Dr. Weist before the American Surgical Association at Philadelphia (*American Practitioner*, Aug. 1882). Dr. Weist has collected 1,000 cases of foreign bodies in the œsophagus, of which 897 have never been published. His statistical investigations lead him to believe that some modification in the general surgical rule for treating foreign bodies in the air-passages is called for. He attempts to show that the present accepted rule is too broad; that in many cases, when it is certainly known that the trachea or bronchi contains a foreign body, the patient will be more likely to recover if trusted to the chance of spontaneous expulsion, than he will if subjected to operation. In 63 of the cases the foreign body was removed by forceps, &c., without the aid of bronchotomy. These he excludes, in calculating the chances of recovery afforded by bronchotomy compared with the plan of non-interference. There remain 937 cases; of these 599 were not subjected to bronchotomy; 460 recovered, or 76·79 per cent.; 139 died, or 23·20 per cent. Bronchotomy was performed in 338 cases with 245 recoveries, or 72·48 per cent.; 93 patients died, or 27·42 per cent., a difference in favour of non-interference of 4·31 per cent. The foreign body that most frequently finds a lodgment is a grain

or corn (maize), 177 examples occurred; next a water-melon seed, 109 cases; next a bean, 90 cases; then a coffee-grain, 59 cases. In the cases where the foreign body was a grain of corn, non-interference gave 29 per cent. more recoveries, and where the foreign body was a water-melon seed, 16·86 per cent. more than where bronchotomy was performed. He sums up as follows. 1. When a foreign body is lodged either in the larynx, trachea, or bronchi, the use of emetics, &c., should not be employed, as they increase the sufferings but not the chances of recovery. 2. Inversion of the body and succussion are dangerous, and should not be practised unless the windpipe have been previously opened. 3. The presence simply of a foreign body in the larynx, &c., does not make bronchotomy necessary. 4. While the foreign body causes no dangerous symptoms, bronchotomy should not be performed; nor, 5, as a general rule, when it remains fixed in the trachea or bronchi. 6. When symptoms of suffocation are present, or occur at frequent intervals, bronchotomy should be resorted to without delay. 7. When the foreign body is lodged in the larynx, there being no paroxysms of strangulation, but an increasing difficulty of respiration from œdema or inflammation, as also when it is movable in the trachea and excites frequent attacks of strangulation, bronchotomy should be performed.

342. *Mackenzie on Tubercular Tumours of the Windpipe and Tuberculosis of the Laryngeal Muscles.*—Dr. J. N. Mackenzie (*Archives of Medicine*, Vol. iii., No. 2, Oct. 1882) relates two cases of tubercular tumours of the windpipe, and a case of tuberculosis of the laryngeal muscles. The first case occurred in a man who died of carcinoma of the stomach. Secondary deposits were present in the liver, kidneys, spleen, and other organs. The lungs contained tubercular cavities, but the larynx, pharynx, and trachea were free from inflammation and ulceration. The tracheal and retrotracheal glands were enlarged, tumefied, and caseous. Just above the bifurcation of the trachea in the posterior wall, there was a well-defined circumscribed tumour about the size of a small bean, of an uniformly even and smooth appearance. It was covered by the mucous membrane, and was dense in consistency, giving to the touch the sensation of a hard carcinomatous nodule, for which it was at first mistaken. A similar growth was found in the pericardium. The microscope showed that the growth had its origin in the submucous tissue, and consisted of an aggregation of distinct tubercular nodules, set in a more or less well-marked vascular network of hypertrophied connective tissue. In some of the nodules, caseation was far advanced. The tumour in the pericardium presented the same characters. The rest of the organs were demonstrated by the microscope to be cancerous.

The second case died of pulmonary phthisis. The whole upper compartment of the larynx was occupied by a smooth dense moderately hard nodular growth, made up of an aggregation of nodules about the size of a split-pea, and having a similar microscopic appearance to the growth in the first case. There was no ulceration of pharynx, larynx, or trachea. The author thinks that these cases are unique.

The third case (tuberculosis of the laryngeal muscles) died of advanced phthisis. The histological changes in the laryngeal muscles were, first, a deposit of distinct miliary tubercles in the substance of and between the muscular fibres; and, secondly, an alteration of the fibres themselves, viz., principally an increase in the size of the muscle-cells. These appearances are similar to those described by Heinze, and are corroborative evidence of the accuracy of his observation.

343. *Brown-Séquard on the Possibility of Introducing a Tube into the Larynx without causing Pain or Irritation.*—After having bared the larynx of a dog, rabbit, &c., and applied a very rapid current of carbonic acid to it, Dr. Brown-Séquard has found (*La France Médicale*, Oct. 3, 1882) that the sensibility of the mucous membrane is completely lost at the end of from fifteen seconds to two or three minutes; and that it is consequently possible to introduce a tube or finger in the cavity of the larynx, and to turn it and re-turn it without causing any irritation. This local anæsthesia lasts from two to eight minutes. The animals thus experimented on have apparently not suffered any bad effect either local or general.

345. *French on Photographing the Larynx.*—Dr. French (*Canada Medical and Surgical Journal*, 1882, p. 16) has succeeded in securing some very good results. He uses sunlight, and a small camera mounted on a tripod. The throat is illuminated with a plane mirror, with a central aperture five-eighths of an inch in diameter. The throat-mirror is attached to a rod fixed to the top of the camera. The plates (dry gelatine) are exposed from one to four seconds. The great trouble Dr. French has experienced is the impossibility of getting the whole of the laryngeal image in focus at the same time, and thus obtaining a perfect picture. None of his photographs show the entire larynx. Schmidt and Stein have both photographed the larynx, but Dr. French's results are said to be superior.

346. *Bregen on Wound of the Larynx with Tearing and Prolapsus of the Mucous Ventricle, and Fracture of the Corresponding Lateral Ala of the Thyroid Cartilage.*—The patient (*Revue Mensuelle de Laryngologie*, Nov. 1882) had been seized by the throat in a scuffle. The symptoms afterwards felt were singing in the ears, impairment of hearing on the right side, slight dyspnœa, and the sensation of a foreign body in the throat. Laryngoscopic examination revealed ecchymosis in all the right half of the larynx. There was cutaneous emphysema to a slight extent over the pomum Adami. It was a question whether the larynx had been fractured. When the swelling had subsided, the larynx was clearly seen to be asymmetrical, the right side being depressed and narrower than the left side. The epiglottis leant to the left side. It was seen after a few days that the right vocal cord had not been wounded, but upon it was a small tumour of the size of a pea, and adherent to the mucous ventricle. During phonation, paralysis of the right internal thyro-arytenoid muscle was remarked. The voice was hoarse, and easily changed in *timbre*. After a few days' rest, the swelling and the small tumour entirely disappeared; but the paralysis of the cord persisted. Cutaneous faradisation was tried, and this treatment was followed by a marked improvement in the voice, and the complete approach of the vocal cords in the middle line. The patient was pronounced well after fifty days of treatment. The paralysis had evidently been due to a contusion of the inferior laryngeal nerve, which had been squeezed between the thyroid and the cricoid cartilages.

347. *Kraicz on Œdema of the Glottis.*—In view of the deep interest attaching to cases of sudden

œdema of the glottis following upon deep-seated suppuration in the neck, about the fauces and retro-pharynx, Dr. Kraicz relates the following cases (*Wien. Med. Wochensch.*, No. 22, 1882). 1. The patient, a man 58 years old, had suffered for three days with pain in the throat, difficulty in swallowing, and, for the last few hours, with dyspnœa. The temperature was very high, respiration slow, inspiration prolonged, and the face and lips slightly blue. Nothing abnormal was seen in the mouth or throat. Further inspection of the larynx could not be made, owing to the restlessness of the patient. The neck from the jaw to the sternum was much swollen, and excessively painful to the touch. Deep-seated inflammation, with commencing laryngeal stenosis, was diagnosed. Ice was applied, and the instruments for laryngotomy were ordered to be in readiness. Scarcely had a quarter of an hour elapsed when the patient suddenly rose, sank back, and ceased to breathe. The operation was performed with the greatest celerity, in spite of the great infiltration of the connective tissue; but it was too late to save life; and at the *post mortem* examination, suppuration of the connective tissue of the right side of the neck, also tracking along the course of the large vessels and deep muscles, œdema of the connective tissue, perichondritis of the right ala of the thyroid cartilage, and œdema of the glottis, were discovered. 2. A man who had been ill only two days was brought to the hospital, with difficulty in breathing and swallowing. Considerable œdematous swelling of the uvula and soft palate was found. The epiglottis projected, and was firm, elastic, and semi-globular in shape. Dr. Kraicz made numerous incisions in the œdematous soft palate, and the symptoms decreased for a time. But, as they came on again with increased temperature, tracheotomy was at once performed without waiting for more threatening symptoms. The third day after the operation, a quantity of pus and blood was discharged from the epiglottis. The cannula was worn for seventeen days. 3. In a third case, which, however, Dr. Kraicz did not see during life, a soldier had complained of sore throat on a two days' march with his regiment, but had not fallen out, nor on his return to the camp failed in any of his usual duties. He went to bed, and in the morning was found dead. A large abscess of the tonsil and œdema of the glottis were found at the *post mortem* examination. Dr. Kraicz publishes these cases as a warning of the danger, when inflammation exists in and around the larynx or beneath the deep fasciæ of the neck, of delaying tracheotomy until symptoms of asphyxia come on.

348. *Harrison on Fracture of the Thyroid Cartilage.*—A patient, 63 years old, received a kick upon the throat (*Lancet*, June 17, 1882). He immediately experienced a considerable difficulty in breathing, the sides of the larynx began to swell, and the respiratory trouble became so great that tracheotomy was performed to prevent asphyxia. An examination made shortly afterwards showed that the thyroid cartilage was fractured. The patient was fed entirely for four days by the rectum. He then began to swallow liquids, and ten days after the injury was discharged well with the voice slightly hoarse.

349. *Landerer on Extirpation of the Larynx and Pharynx.*—The author (*Centralbl. für die Med. Wiss.*, Sept. 23, 1882) reports four cases. The first was a man, 36 years old, the subject of cancer of the larynx. He was tracheotomised Sept. 1879; the cancer was removed by laryngotomy on Feb. 3, 1880, and the whole larynx removed Feb. 26, 1880. The patient has remained well for eighteen months. The second was a man aged 52. Tracheotomy was performed March 2, 1880, and the larynx removed April 15. The patient has remained well for seventeen months. The third was a woman, aged 45, the subject of cancer of the pharynx and larynx. Tracheotomy was performed Oct. 17, 1880, and the larynx and pharynx were removed Nov. 10. The patient died in March 1881 with a return of the growth. The fourth case was a woman, aged 56, with pharyngo-laryngeal cancer. Tracheotomy was performed Dec. 9, 1880, and the larynx extirpated Jan. 17, 1881, but the patient died a week afterwards of pneumonia. The author recommends always performing tracheotomy before extirpating the larynx, since it gives the patient a chance of getting up his strength, it moderates the septic bronchitis which may result from the operation, and it allows the air-passage to be solidly united to the skin, thus preventing the diffusion of the pus which results from the peritracheal inflammation. Moreover, it accustoms the mucous membrane of the air-passages to the direct action of the air, and to the irritation produced by the cannula. The trachea should be opened as low down as possible, so that the tracheotomy-wound may not be interfered with when the extirpation of the larynx is performed. The entrance of blood into the air-passages should be avoided by means of the tampon-cannula. Dr. Landerer leaves the wound open without suturing it, and feeds the patient with the œsophageal tube. To prevent the entrance of pus into the mediastinum, and especially secondary pneumonia (which has been the cause of death in nine of the eleven fatal cases out of twenty-eight operations), he advises that the patient should be placed with his head backwards, so that the tracheal opening shall be the most elevated part of the wound for the first six or eight days.

350. *Herz on Chronic Pharyngitis and Retropharyngeal Lymphadenitis in Children.*—With regard to the frequency with which chronic pharyngitis occurs in children (*Wien. Med. Wochensch.*, 1881, pp. 35–36; Schmidt's *Jahrb.*, 193, 2), the author has generally observed it after the third year of life, and only before that age when unfavourable constitutional or hygienic conditions are present. The younger children are generally troubled with a short broken cough, the elder children with a feeling of roughness in the throat, and with a hoarseness, or obstinate cough, often causing sickness. Dr. Herz found in chronic pharyngitis hyperplasia of the axillary and inguinal lymphatic glands, often the result of anæmia, scrofula, tuberculosis, and syphilis. In all cases the treatment was directed to the general affection, and only exceptionally was a local treatment necessary. Dr. Herz also gives in detail ten cases of retropharyngeal lymphadenitis in children. The ages ranged from one to two and a half years. Three were apparently healthy, three anæmic, three scrofulous. The lymphatic swellings varied from the size of a hemp-seed to that of a pea or bean. They generally occurred in the winter or spring, and were accompanied by acute catarrhal symptoms. The chief inconvenience was the difficulty in swallowing, snoring, and the stiffness of the neck from the swelling of the cervical glands. The treatment was essentially antiphlogistic (cold drinks and compresses, sucking ice, &c.); and the throat was painted with iodide of glycerine.

351. *Gouguenheim on Subacute Miliary Tuberculosis of the Pharynx.*—The patient, the subject of a communication read before the Société Médicale des Hôpitaux, July 28, 1882 (*L'Union Médicale*), a woman, aged 25, had suffered for six months with a sore throat which had been treated without success. She could no longer swallow either liquids or solids. The voice had a marked nasal sound. There was an extensive ulceration of the isthmus of the fauces. The soft palate was dark red and slightly swollen, with ragged edges. The anterior and posterior pillars were ulcerated, and the right tonsil was especially affected. The uvula was ulcerated at its attachment, was greatly hypertrophied, and yellowish-white in colour. Dr. Gouguenheim did not hesitate to excise it. On cutting through it, it appeared composed of a very hard tissue, greyish in colour, throughout which yellowish points were scattered, softer, and evidently caseous. With the microscope, a submucous tubercular infiltration invading all the thickness of the uvula was recognised. Each day a dressing of iodoform and ether was applied to the ulcerated surface of the soft palate. At the end of fifteen days, the cure was almost complete. The patient, with caution as to the choice of food, could swallow easily. At the end of a month there was some sign of a return of the ulceration. The application of iodoform was renewed, but was not at first successful. The patient complained of considerable pain, and the affected part ulcerated afresh. The iodoform appeared inefficacious until the ulceration was pronounced, but then rapidly modified it until recovery was again complete.

352. *Trélat on Epithelioma in the Pharyngeal Region.*—A man, 58 years old (*Gazette des Hôpitaux*, Oct. 10, 1882), had for a year observed a swelling of the glands under the angle of the lower jaw on the right side, and three months later on the left side. These glands had now formed one mass, which appeared as a lobular tumour adhering to the deeper parts. He was totally deaf on the right side. On examination, an epitheliomatous mass was seen occupying the right side of the pharynx, in the region of the right Eustachian tube. Dr. Trélat had a similar case ten years ago, on which he refused to operate, and the patient died four or five months afterwards. He also refused to operate upon an epithelioma of the tonsil and pharynx, which was removed by another member of the profession, but which returned a month afterwards, the patient dying three weeks later.

353. *Bayer on Tonsillar Mycosis, Lingual and Pharyngeal.*—Dr. Bayer (*Revue Mensuelle de Laryngologie, d'Otologie*, &c., Nov. 1882) has had two of these cases under his care, similar to that published a short time since by Dr. Fraenkel. 1. A lady, 28 years old, consulted Dr. Bayer for a constant tickling sensation in the throat. Upon the tonsils numerous white spots were seen, but no redness nor inflammation. The spots were hard and projecting, forming small pointed cones, without any resemblance to the white membranes or concretions sometimes met with in that situation. They were still more abundant upon the base of the tongue, appearing to proceed from the hypertrophied circumvallate papillæ. These points were firmly implanted, and could only be removed by tearing them off with the forceps. Dr. Bayer extracted each separately, as if they were not completely destroyed they grew again. After this treatment they did not recur. 2. A girl, aged 15, had for two months been treated for diphtheritic sore throat. Repeated cauterisations with nitrate of silver produced no effect. Hundreds of projections, white at their base and dark at their extremities (from the nitrate of silver), grew from the tonsils; some were solitary, others attached at their base, forming a kind of cock's-comb. They gave to the touch the feeling as when the finger is passed over a brush. Their development in the circumvallate papillæ was less advanced. They were radically extirpated as in the preceding case. When microscopically examined, they were found to be composed of yellowish masses of pavement-epithelium, undergoing horny transformation, and of small rods and fibres, among which were scattered round isolated granules. The fibres and rods were for the most part collected longitudinally into bundles with well cut extremities. It was probably for this reason that Professor Sadebeck called the microphyte of Fraenkel bacillus fasciculatus, who also recognised in the small round granule the spore of the bacillus. He considered the rods and fibres as the first stage of their development. Although these cases are rare in literature, cases are known where fungi growing in the mouth have invaded distant organs. In the cases of Dr. Bayer, as in that of Fraenkel, no further trouble was produced by the presence of the fungi than the local affection.

354. *Hack on Reflex Neuroses and Nasal Affections.*—The author, impressed with the idea that investigation of the nervous connection between the nose and the respiratory organs might be better made when the nasal affection was slight, and the nerves consequently more accessible to irritation than when lying under hypertrophied connective tissue, or under nerveless tumours, has made it his practice for the last three years to closely question each patient who consulted him for any cause as to the reflex nervous disturbances they might have experienced, and of making a thorough examination of the nose. He publishes the following cases (*Berlin. Klin. Wochensch.*, No. 25, June 1882). 1. A lady for over twenty years had suffered from daily fits of prolonged sneezing (sixty to eighty times) followed by exhaustion and headache. Not the slightest symptom of a nasal affection existed, but Dr. Hack found swelling and spotty injection of the mucous membrane over the right middle spongy bone. He applied the galvano-cautery to the spot, and after this one operation the fits of sneezing entirely ceased. The disappearance of the headache, which also resulted from this treatment, led Dr. Hack to question whether many attacks of migraine may not have a reflex origin in the nose. 2. An officer had for eight years suffered from violent attacks of sneezing similar to the above, and for the last four years from severe bronchial asthma. Diffuse swelling of the mucous membrane over the lower and middle spongy bones of both sides was found; the surface of the mucous membrane was slightly granular, and nodular thickening was discovered on both sides of the septum posteriorly. These conditions had led to a narrowing of the nasal cavity, and the constant efforts to overcome this hindrance had served to keep up the inflammation. Both the sneezing and asthma disappeared after a few applications of the galvano-cautery. 3. Obstinate spasmodic coughing had affected the patient for several years, and by disturbing the night's rest had much impaired the general health. Applications to the larynx gave no relief. There were no symptoms of any affection of the nose, but a fibrous polypus, of the size of a pea,

was found on the right middle spongy bone. The cough was entirely relieved by its extraction. 4. The patient had complained greatly of frequent attacks of cold in the head, and latterly of severe supra-orbital neuralgia and flickering before the eyes. These neuralgic attacks became more frequent and violent. On the left middle spongy bone, a small mass of deep red and sensitive granulations was found, and was destroyed in one sitting. All distressful symptoms from that time disappeared. 5. The patient had already undergone twelve operations for the removal of nasal polypi. Each return of the growth was accompanied by severe pain in the ciliary region of both globes. Upon the extirpation of the polypus, this pain ceased. 6. The patient had suffered much from repeated colds in the head, and from radiating pains in the upper and lower lids of the right eye. Considerable swelling of the mucous membrane over the right lower spongy bone was found; and after one cauterisation of this the neuralgic trouble ceased, and the attacks of catarrh diminished in frequency and severity. 7. Neuralgic attacks, beginning over the nose and spreading back over the base of the skull, in the course of the trigeminal nerve, had for some time afflicted the patient. In the right nostril, a thickening of the mucous membrane of the middle spongy bone was found, and on the left posterior nares, a polypus of the size of a hazel-nut. Cauterisation of the first and extirpation of the second produced a complete and lasting relief. 8. Another patient had suffered for many years with nasal catarrh and frontal pain. The memory became affected, and the spirits greatly depressed. Rhinoscopic examination disclosed a number of polypi of all sizes, growing from the middle meatus. Their removal was followed by complete restoration to health. 9. Spasm of the glottis and alarming dyspnœa had frequently attacked this patient in the night. Great injection of the pharyngeal mucous membrane was discovered, and cauterised with nitrate of silver. One attack only of the spasm recurred. 10. This case was selected from many similar ones. The patient complained of a constant tickling sensation in the throat, often occasioning him to vomit. 11. A number of bright red granulations were revealed by the mirror, clustered in the niche behind the tonsils of both sides, and extending into the naso-pharyngeal space. The galvano-cautery was applied to these, and no further trouble experienced. 12. In this case, the patient experienced a sensation of a foreign body in the throat and a moderate production of phlegm, which was referred by Dr. Hack to the presence of some well-developed granulations. The patient also suffered from epileptic fits occurring fortnightly. After cauterisation of the granulations, the fits occurred daily for eight days, then became more seldom, and finally only at intervals of from two to three months. Dr. Hack publishes this case with reservation, but thinks it suggests that reflex epilepsy, like asthma, may have its origin in nasal and pharyngeal affections. All Dr. Hack's observations serve to show that trifling and symptomless affections of the nose may be accompanied by very severe neuroses, and that neuroses thus caused are relieved quickly and effectually.

355. *Bresgen on Bronchial Asthma and its Relation to Chronic Nasal Catarrh.*—The author is convinced (*Prager Med. Wochensch.*, No. 25, 1882) that in all asthmatic patients chronic inflammation is present in the nose, and probably throughout the upper air-passages, which it should be the first aim to relieve. Next in importance to the galvano-cautery treatment is painting the mucous membrane of the pharynx and nose with iodide of glycerine, and blowing powdered nitrate of silver into the nose. The reporter of this paper, Dr. Schutz, has during the past year observed three cases of pronounced bronchial asthma. In one case there was extreme chronic swelling of the nasal mucous membrane, especially over the spongy bones and in the naso-pharyngeal space. In the second case, there was chronic thickening of the mucous membrane of the spongy bones and granular pharyngitis. In the third case there was chronic naso-pharyngeal catarrh. In a fourth case, seen and described by him a few years ago, extensively spreading papillary growths were found on the nasal mucous membrane. In all these cases the impediment to the passage of air through the nose, and the nasal character of the voice, led to a suspicion of an affection of the nasal cavity. In two cases only, where the asthma had existed for years, was a local treatment adopted, and the improvement here obtained was lasting.

356. *Jacquin on the Relation between Asthma and Nasal Polypi.*—Dr. Jacquin reports a case (*Gazette des Hôpitaux*, June 3, 1882) of mucous polypi in the nose, accompanied by asthma, in an arthritic and emphysematous subject. The removal of the polypi did not affect the asthmatic trouble. The author, however, believes that the polypi had something to do with producing the asthma, as, by forming an obstacle to respiration, they would prevent the pulmonary vesicles from completely emptying themselves, and ultimately cause dilatation of these vesicles, which would necessarily remain after the polypi had been removed.

357. *Delavan on Hypertrophy of the Osseous Structure of the Turbinated Bones.*—Dr. Delavan, in a paper read before the American Laryngological Society (*Archives of Laryngology*, Vol. iii., No. 3, July 1882), discusses the question of the not unfrequent occurrence of actual hypertrophy of the turbinated bones, in contradistinction to mere hypertrophy of the mucous membrane, which is generally understood by the term. His attention was called to the subject whilst making a dissection of the nasal fossæ. In this case, the middle turbinated bone was found to be in a condition of unquestionable hypertrophy, and in addition there was a deflection of the nasal septum, and the side towards the concavity was completely blocked up by the hypertrophied bone. The importance of the condition at once suggested itself to Dr. Delavan, and he made a careful examination of all the skulls in the museums of Washington, Philadelphia, and New York. In most of the collections the turbinated bones were in an imperfect state; but in the cabinet of Professor Hyrtl, in the College of Physicians in Philadelphia, the parts were found in a perfect state of preservation. Of 140 skulls thus examined, there was hypertrophy of the middle turbinated bones in eleven. The hypertrophy was, as a rule, symmetrical, extending throughout the whole of the antero-posterior diameter of the bone in about the same relative degree, and had nothing about it of the nature of an exostosis. In all the cases of hypertrophy of the middle turbinated bones there was a deflection of the nasal septum, the hypertrophy being on the concave side of the septum; a fact believed by Dr. Delavan to be due to the deflected septum giving the bone on that side greater opportunities of

expansion than the other. 'Heretofore,' he says, 'operative efforts in nasal stenosis consequent upon deflection of the nasal septum have been directed solely to the relief of the occlusion of the narrower nostril. The presence of a hypertrophied turbinated bone on the concave side has been unrecognised, and any operation for rectifying the deflection would only result in making the occlusion of the wider nostril more complete; and, since the nostril towards the convexity of the septum is often more pervious than the other, the operation would fail of its object.' [The reporter has during the last few years had ten or twelve cases of deflected nasal septa under his care, and in none of these was there any hypertrophy of the spongy bone; forcible straightening of the septum was quite sufficient to relieve the symptoms resulting from the stenosis.] Dr. Delavan recommends the removal of the hypertrophied turbinated bone.

358. *Mason on an Improved Method of Treating Depressed Fractures of the Nasal Bones.*—Dr. Mason, in a paper read before the Anatomical and Surgical Society of Brooklyn, arrived at the following conclusions from experiments. 1. In all fractures of the nasal bones with depression of the bridge, the nasal process of the superior maxillæ are necessarily involved. 2. Both nasal processes are usually, and the line of fracture is nearly, on the same plane on either side. 3. In treating such cases, the great difficulty is our inability in keeping the fragments in place, the sides as well as the centre of the arch being broken down. The method Dr. Mason suggests is to pass a surgical needle of ordinary size through the line of fracture through the nasal process on each side, so that it shall afford not only a posterior support to the nasal bones, but shall act as a tie-rod, holding together the sides of the nasal arch. In the only case in the living patient in which this treatment was adopted, the needle was retained *in situ* for eleven days. There was then ulceration at the seat of the needle-puncture, accompanied by periosteal thickening, which rendered the nose a trifle more prominent than normal at that point. Dr. Mason believed that in time this thickening would be absorbed, and that the cicatrix would be scarcely noticeable.

W. J. WALSHAM.

360. *Weir on Hæmorrhage after Excision of the Tonsil.*—Dr. Weir, in the *Lancet*, Oct. 1882, p. 715, draws attention to a case of hæmorrhage after excision of the tonsil. A young man had one tonsil removed with a guillotine; there was slight hæmorrhage at the time, but, several hours after, patient lost a great quantity of blood, the hæmorrhage being at last arrested by pressure, and application of persulphate of iron. Dr. Weir thinks that the cause of the violent hæmorrhage was the cutting through one of the palatine arteries which lie in the muscular tissue of the palate. The tendency to recurrence of hæmorrhage is increased from the constant movement to which the wounded vessel is exposed.

361. *Holmes on the Treatment of Enlarged Tonsils.*—Dr. Gordon Holmes, in the *Lancet*, Nov. 1882, p. 798, gives some clinical observations on the treatment of enlarged tonsils. 1. *Excision* by means of the tonsillotome is to be preferred to removal by the knife, and the safest instrument is that of Fahnstock; it easily enters the tonsil, and enables the operator to take off as much as he likes; whilst with Physick's instrument one is not always able to cut through the tonsil, and may even slip over it all together. Hæmorrhage is not so likely to occur with this means as when the knife is used. 2. *Caustics* are sometimes necessary in the case of children, or when enlargement is not sufficient to render excision necessary; the most efficient manner of applying caustics is to press pointed sticks of nitrate of silver or chloride of zinc into the orifices of the lacunæ on the pharyngeal side of the gland. Small sloughs are thus formed, and the tonsil is hollowed out in one direction whilst being contracted into much smaller bulk by the subsequent cicatrisation in another.

RICHARD NEALE, M.D.

DISEASES OF THE NERVOUS SYSTEM.

RECENT PAPERS.

362. GODNEFF.—On Aphasia. (*Mediz. Obozr.*, Feb. 1882, pp. 345-6.)

363. SKOLOSUBOFF, D. P.—Two Cases of Disseminated Cerebro-spinal Sclerosis. (*Mediz. Obozr.*, Jan. 1882, pp. 4-9.)

364. MARIE.—The Conditions of the Pupils in Epileptics apart from Attacks. (*Archiv. de Neurol.*, Vol. iii., p. 42.)

365. CHARCOT AND RICHER.—The Different Degrees of Nervo-Muscular Superexcitability during Hypnotism. (*Ibid.*, Vol. iii., p. 129.)

366. FÉRÉ.—Cases of Hystero-Epilepsy. (*Ibid.*, Vol. iii.)

367. HUCHARD.—The Character, Habits, and Mental Condition of Hysterical Women. (*Ibid.*, Vol. iii.)

368. ESTORE.—Electric Resistance in Hemi-anæsthesia. (*Ibid*, Vol. iv.)

369. SHOEMAKER.—Weight and Pulley Extension for Sciatica. (*New York Med. Record*, 1882, p. 694.)

370. RUMPF.—The Treatment of Tabes Dorsalis. (*Neurol. Centralbl.*, Nov. 1882.)

371. FRIEDREICH.—The Treatment of Hysteria. (Virchow's *Archiv*, Band xc., Heft 2, p. 220.)

372. EBSTEIN.—The Causes of Abdominal Tympanites in Hysteria. (*Neurol. Centralbl.*, Jan. 1883, p. 25.)

373. HIRSCHBERG.—Impaired Vision in General Paralysis of the Insane. (*Neurol. Centralbl.*, Jan. 1883, p. 32.)

374. ABADIE.—Syphilis as a Cause of Locomotor Ataxy. (*Gaz. Hebd. de Méd. et de Chir.*, 1882, No. 48.)

375. VICENTE.—Hemi-anæsthesia and Aphasia from Lead-poisoning. (*Le Progrès Méd.*, 1882, No. 49.)

376. RIEDEL.—Paralysis of the Recurrent Laryngeal Nerves from the Use of Carbolic Acid in a Case of Extirpation of a Goitre. (*Centralbl. für die Med. Wiss.*, No. 34, 1882.)

377. SPILLMANN AND SCHMITT.—Tumours of the Fourth Ventricle. (*Archiv. Gén. de Méd.*)

378. LÉPINE.—Trismus of Cerebral Origin. (*Revue de Méd.*, No. 10, 1882.)

379. OTT.—The Diagnosis of Tubercular Meningitis. (*Philad. Med. Times.*)

380. VIERORDT.—Atrophic Paralysis of the Upper Extremity. (*Deutsches Arch. für Klin. Med.*, Band xxxi.)

381. OLIVER.—Spasm of the Facial Nerve. (*Med. Times and Gazette*, Nov. 1882, p. 604.)

382. BARLOW.—The treatment of Infantile Paralysis. (*Brit. Med. Jour.*, Dec. 1882, p. 1248.)

ART. 362. *Godneff on Aphasia.*—At a meeting of the Kazan Medical Society, Dr. Godneff related (*Mediz. Obozr.*, Feb. 1882) three interesting cases of aphasia. One of these cases was that of a robust, non-hysterical, and well-educated lady, who, during the eighth month of each of her eight successive pregnancies, presented about four attacks of paraphasia, all of

which came on invariably in the day-time, and lasted from a few to twenty-four hours. Usually, one or two hours' staying in a darkened room made the disorder disappear. The most striking feature of the case, however, was that the patient fully retained her normal power of writing, but could not read what she had written, though she understood its meaning. This co-existence of paraphasia and paralexia with normal graphic speech is so extremely rare that Dr. Godneff was able to find in the whole literature only one similar case (that of Osborn in 1833). The second, the author's case, was that of paragraphia in a schoolboy, who, being called out by a schoolmaster to write down any dictated phrases, always began to scribble a confused collection of meaningless words having no connection whatever with the task given. The patient was fully conscious of the absurdity of his doings; and, in order to prove that he knew his task, he always quite correctly uttered aloud the very phrase he was not able to express in writing. Such attacks of paragraphia generally lasted from ten to fifteen minutes, and then the normal graphic power returned to him. The third case is very like to one reported by Graves. A plethoric gentleman had been attacked with right hemiplegia and loss of consciousness. Having recovered the latter, he found himself unable to speak, but could understand what others spoke. Dr. Godneff saw him at the end of four months after the apoplectic attack, and found his condition as follows. There was present slight right hemiparesis; consciousness and general memory were normal; the patient's vocabulary consisted of twelve to fifteen words; he could easily enough copy all letters of the alphabet; but, when he attempted to explain himself on paper, or to write down the words dictated, he could only represent each word by its initial letter (*e.g.*, when he was asked to write the name of a town, Ekaterinburg, he put only E on the paper). Being questioned, the patient proved to be fully aware of his imperfect writing, but the initial letters of words were all that he could write or recollect.

363. *Skolosuboff on Two Cases of Disseminated Cerebro-spinal Sclerosis.*—Dr. D. P. Skolosuboff describes (*Mediz. Obozr.*, Jan. 1882) in considerable detail two instances of disseminated cerebro-spinal sclerosis, one of which was seemingly of traumatic origin, and presented all the typical features of this affection. The necropsy fully verified the diagnosis of the nature and localisation of the disease in this patient. In the second case there existed symptoms closely resembling those of the form which had been described by Charcot under the name of 'amyotrophic lateral sclerosis.' The case was that of a peasant woman, aged forty-five, who, three months before her admission, fell through some recently formed ice into a pond, remained there, being immersed up to her neck, about two hours, and afterwards could not move any of her limbs. Within a short time after the accident, there gradually developed muscular atrophy and contractions. On admission the patient presented (1) almost complete paralysis of all four extremities, which were permanently flexed in the hip-, knee-, elbow- and wrist-joints, the feet being directed inwards; (2) paresis of the intercostal muscles and diaphragm; (3) spasmodic contraction of the sterno-cleido-mastoid and trapezius muscles; (4) extreme wasting of the muscles, both of the trunk and extremities. Eight months later, after gradual emaciation, she died from a supervening dysenteric attack. The *post mortem* examination showed intense sclerotic changes, diffused in patches over the grey and white substances throughout the spinal cord, but reaching the highest degree about the levels of the second and seventh cervical vertebræ.

V. Idelson, M.D.

364. *Marie on the Condition of the Pupil in Epileptics apart from Attacks.*—Marie (*Archives de Neurologie*, Vol. iii., p. 42, 1882) has, at the request of Charcot, investigated the habitual condition of the pupil in epileptics, which had been said by Carter Gray, of Brooklyn, to present special features, whereby, in the absence of other signs, we might distinguish epilepsy from hysteria, or make the diagnosis of epilepsy in persons in whom no attacks had been observed. These signs were:—1st, an unusual degree of dilatation, even when exposed to strong light; and, 2nd, far quicker changes in their diameter when exposed to variations of light. Carter Gray stated that he observed this peculiarity in all the sixty-three cases which he had examined, with the exception of two old people of 65 and 70 years, in whom, owing to advanced age, the pupils were less mobile. Marie first draws attention to the omission in Gray's paper of stating the intensity of the light and the mode of measuring the pupil employed in his researches, and then describes the method used by himself, which was to place the patient in a dark room, which was lighted up by two sperm candles at the right and left sides of the person to be examined, each being 45 centimètres distant from the corresponding eye, and the rays falling on the cornea at an angle of 45° to the visual axis. In order to avoid constriction of the pupil by accommodation, the patient was told to look at a slightly luminous point at the other end of the dark room. Another series of observations was made in daylight, under certain uniform conditions. Hutchinson's pupillometer was used, and fifty-three epileptic women were examined. The results were then compared with the condition of the pupil in ten healthy nurses. It now appeared that the diameter of the pupil averaged in the epileptics 5½, while in the healthy nurses it was 6¾, that is, just the reverse of Gray's statement. Nor could Marie in any single case convince himself that the pupils changed more rapidly in epileptic than in healthy persons. In eight cases the pupils were unequal; in six the right, and in two the left, was largest. These differences amounted to from one-third to two-thirds of a millimètre.

365. *Charcot and Richer on the Different Degrees of Nervo-Muscular Superexcitability during Hypnotism.*—Charcot and Richer (*Archives de Neurologie*, Vol. iii., p. 129; 1882) find that the excessive excitability of the nervous and muscular systems which exist during hypnotic lethargy may vary in the same person, according to the regions of the body (as in the upper and lower limbs, the two sides of the body), from one instant to another, so that on certain days there is an accentuation, and on others an attenuation of the symptoms (most probably under the influence of emotions, fatigue, attacks, &c.); and finally in consequence of the repetition of the experiments, which has the tendency to increase the intensity of the phenomena. These latter belonging to the class of reflex movements, habit facilitates their development and perfects it. In some persons, indeed, all the symptoms may be induced at once; while in others there is a more gradual development. At first, the tendon-reflexes are apt to lead to more or less general muscular rigidity; afterwards this rigi-

dity becomes more localised in different muscles of the limbs, and the several proceedings by the aid of which they may be obtained may be classified according to efficacity, as follows. Stimulation of tendons occurs first; of the muscular substance afterwards; and of the nerve-trunks ultimately. In the face nervo-muscular superexcitability is only observed in the most fully developed cases. Occasionally the increase of tendon-reflexes and of tendency to rigidity disappears suddenly, and is succeeded by local paralysis of one side of the body, which remains when the patient awakes, but may then be made to disappear by certain manipulations. There are also considerable individual differences, according to special predisposition, so that in some persons the phenomena may become arrested at the different phases of their evolution.

366. *Féré on Unusual Cases of Hystero-epilepsy.*—Féré (*Archives de Neurologie*, Vol. iii., p. 161) describes the case of a young woman, aged 24, in whom the second period of the hystero-epileptic attack differed from the classical type described by Charcot. In general, the attack consists of three phases, viz., epileptoid, contortions, and emotional attitudes or delirium. The second period is generally marked by more or less extensive contortions, the body being alternately flexed and extended in its longitudinal axis. The present patient had suffered from nine to thirteen years of age from epileptic fits, which she had inherited from her mother. When menstruation became established, the epileptic attacks were transformed into those of hystero-epilepsy, and have never returned in their original shape. This substitution shows the part which the development of the sexual organs plays in the evolution of this neurosis. The hemi-anæsthesia was irregular, being interrupted by sensitive areas, two of which surrounded hysterogenic points, while the third was independent of the latter. In the second period the movements did not take place as usual, but in the opposite direction, the patient rolling round the longitudinal axis of the body. Féré thinks that such varieties may serve to explain certain apparently odd epidemics of convulsions, which cannot be referred to their real cause, if only one unalterable type be admitted.

In another case there were the symptoms of *hysterical zona* (zoster), which became developed in the course of the nerves which have their origin at the level of the dorso-lumbar hysterogenic zone. It lasted a month, during which the patient remained free from her usual attacks; and Féré considers it owing to local spinal congestion (*ubi dolor, ibi fluxus*), which, by distension of veins, would lead to compression of the nerves at the level of their exit from the vertebral canal.

Bourneville and Regnard have seen the anæsthesia and the attacks disappear in the last stage of pulmonary consumption; but it was impossible to decide whether the nervous derangement disappeared in consequence of the general exhaustion of the fever, or of any other cause. In another case the patient lost her anæsthesia during an attack of pleurisy, which lasted five weeks, so that great exhaustion is evidently not required for a temporary termination of the hysterical condition. Hysteria and rheumatic fever not unfrequently occur together, and Briquet thought that rheumatism was a predisposing cause of the hysteria, on account of the antiphlogistic treatment which it required. Féré has seen a case of rheumatic fever, during the course of which the general and special anæsthesia, as well as the attacks, did not appear to be modified; so that, if the course of hystero-epilepsy is modified by certain intercurrent febrile affections, it is not the febrile element which causes such a modification.

367. *Huchard on the Character, Habits, and Mental Condition of Hysterical Women.*—Huchard (*Archiv. de Neurol.*, Vol. iii., p. 189) finds one of the first features of the character of hysterical women to be mobility, a kind of moral ataxy for their dearest interests, an absence of stability in their ideas and purposes. They are inclined to denunciation, opposition, contradiction, and controversy, vanity and pride, duplicity, untruthfulness, and deception. In spite of their mobile character, however, they are subject to certain fixed ideas, a kind of catalepsy of the intellect which returns again and again. Excess of lasciviousness and sensuality is, however, much rarer than is generally believed, for in many of them the sexual sensibility is almost absent; masturbation, erotic tendencies, and nymphomania being accidents which may complicate hysteria, but are in reality quite distinct from this neurosis. Another peculiar feature about them, is the indifference they feel about the various affections to which they are subject, and which is no doubt owing to cerebral laziness rather than to resignation. They have also a craze for new and odd medicines, even the most arrant quack finding ready belief with them.

368. *Estore on Electric Resistance in Hemi-anæsthesia.*—Estore (*Archiv. de Neurol.*, Vol. iv., Nov. 11, 1882) has studied the variations of resistance offered to the continuous current in its passage through the tissues in different persons, or in the same persons at different times. In these researches, the anode was placed on the sternum, and the cathode on the forearm, and the excursions of the galvanometric needle were then noted from one minute to another until it became stationary, when the maximum of intensity was attained, and the experiment finished. He thus found that there were two kinds of variations—viz., differences in degree, and differences in the time required for attaining the maximum, the former being the more frequent of the two. Thus, for instance, in one case a maximum of nine milliwebers would be obtained in five minutes, while in another case the needle required eight minutes to go up to three milliwebers. Vigouroux had already noticed in hysterical women affected with hemi-anæsthesia that the conductivity was less on the anæsthetic than on the healthy side; and Estore has confirmed this by observations on five hystero-epileptic patients in the Salpêtrière. He placed the anode into the arm-pit, and the cathode on the fore-arm, in order to localise the current in one side of the body, and showed the differences observed in diagrams. Thus in one case of complete left hemi-anæsthesia, the deflection in the left side amounted to 18°, attained in three minutes, and in the right side to 25°, attained in one minute. A second application of the current showed the same maximum in the two sides, but this was attained at once in the healthy side, and only in four minutes in the affected side; and a third application showed that the resistance had become equal on both sides. In another case the phenomena of transfer occurred, and it was then found that, together with the other symptoms, the degree of electric resistance had likewise been transferred, it being at first 50° in the right, and 40° in the left, and, after the transfer, 40° in the right and 50° in the left. In another case, the anæsthesia was

succeeded by considerable hyperæsthesia, and this was accompanied by a proportionate modification in the resistance. Estore considers the determination of electric conductivity in all patients indispensable for electro-diagnosis and electro-therapeutics, and thinks that it should form part of the usual semiology of diseases, and more especially of those of the nervous system.

369. *Shoemaker on Weight and Pulley Extension for Sciatica.*—Dr. Shoemaker (*New York Med. Record*, 1882, p. 694) has recorded three cases of sciatica benefited by extension, which constitutes a slight nerve-stretching. He finds that, by taking hold of the foot and making extension by pulling for a few minutes to the extent of fifteen or twenty pounds, information is gained as to the suitability of this treatment. He makes button-holes at the foot-end of the adhesive straps, so that the footpiece can be loosened when the pain subsides and the leg tires, and puts on a weight of eighteen to twenty pounds of sad-irons. In one case relief was gained in twenty minutes, in two others after a few hours. Prof. Rea, of Chicago, confirms the good results of nerve-stretching done without weights, simply by the patient lying on his back with the limb extended and bringing it up as straight as he can. This is a kind of self nerve-stretching, which enabled a student, who had contracted the morphia habit for the relief of obstinate sciatica, to get rid of this in a short time.

370. *Rumpf on the Treatment of Tabes Dorsalis.*—Dr. Rumpf, of Düsseldorf (*Neurol. Centralbl.*, Nov. 1882), while acknowledging the frequent connection between syphilis and locomotor ataxy, confesses that the results of a purely antisyphilitic treatment are good in exceptional cases only. Most cases which have been reported as benefited by such treatment were not such of ataxy proper. He reports, however, very good results from faradisation of the skin by means of a wire brush, in five out of six cases. Not only were the subjective complaints of these patients relieved, but cutaneous sensibility which had been lost was restored, the tendon-reflexes reappeared, the ataxy of movements and Argyll-Robertson's symptom vanished. In all these cases, there was no syphilitic history. In other cases, where venereal affection had existed, he combined antisyphilitic remedies with faradisation, and considers this the most successful treatment of this obstinate malady.

371. *Friedreich on the Treatment of Hysteria.*—A posthumous article by Prof. Friedreich, late of Heidelberg (Virchow's *Archiv*, Band xc., Heft 2, p. 220), recommends a local treatment of this malady by cauterisation of the clitoris. Referring to the late Baker Brown's practice of clitoridectomy in such cases, Friedreich argues that peripheral irritation, by masturbation, of several branches of the pudendal nerve, causes profound disturbance of the nervous system, such as epilepsy, hysteria, and other nervous and mental affections, which yield to the removal of the exciting cause. Friedreich cauterised the clitoris with the solid stick of nitrate of silver in eight cases of paraplegia, neuralgia, and hystero-epilepsy. In these cases the sexual organs were otherwise not affected, but masturbation was certain in some, and most probable in all. In some cases the symptoms were improved after the first cauterisation, and each further procedure led to more progress towards recovery. All the patients recovered. Two of them were not lost sight of, and in both cases there were relapses, which, however, yielded to the same treatment. The cauterisation was done very energetically, and caused severe pain, which lasted for some time; and the patients were kept in bed until the pain had subsided.

372. *Ebstein on the Causes of Abdominal Tympanites in Hysteria.*—Ebstein (*Neurol. Centralbl.*, Jan. 1883, p. 25) thinks that the meteorism which sometimes occurs very suddenly in hysterical women is owing to incontinence of the sphincter of the pylorus, and that air which is swallowed by such persons proceeds at once from the stomach into the intestines. Magendie has already mentioned that, in some persons who are able to swallow air, this latter does not return into the œsophagus, but proceeds through the pylorus into the bowel, which it leaves *per anum*; and in such cases the whole abdomen is distended, and presents the appearance of tympanites. Ebstein had already, in a previous publication, drawn attention to the circumstance that, in patients whose pylorus is no longer able to close from structural disease, acute tympanites of the bowel may be experimentally caused by development of carbonic acid in the stomach, which will then at once escape through the insufficient pylorus. He now relates two cases of hysterical girls in whom acute tympanites became rapidly developed. In one of them it persisted for a considerable time, while in the other it disappeared spontaneously shortly after it had come on. In one case it was so severe that it caused ruptures in the rete Malpighii, from sudden extreme distension of the abdominal parietes. If an effervescing draught were given, the tympanites was instantly increased; and from this Ebstein concluded that there was loss of power in the sphincter pylori, and—no other symptom of gastric or intestinal derangement being present—that this was purely functional in character. Kussmaul, who has written an able paper on 'the peristaltic unrest of the stomach,' considers (in contradiction to this) that in the empty stomach the pylorus is physiologically incompetent to close; but in order to eliminate this objection, Ebstein has made his experiments generally after breakfast, and nevertheless found almost immediate increase of existing tympanites, as shown by changes in the percussion-note and visible increase in the distension of the abdomen.

373. *Hirschberg on Impaired Vision in General Paralysis of the Insane.*—Professor Hirschberg, of Berlin (*Neurol. Centralbl.*, Jan. 1883, p. 32), has investigated this subject, and doubts the accuracy of Dr. Clifford Allbutt's statement that he had seen atrophy of the optic nerve in forty-one out of fifty-three cases of this affection. On the contrary, this appears to be rare in progressive paralysis, and occurs at most in 4 or 5 per cent. of the cases which come under care. Other visual troubles are hemianopsia, and central scotoma with discoloration of the optic nerve. The appearances in an exquisite case of the latter affection resembled those which are frequently found in tobacco and alcoholic amblyopia, and less often in the diabetic form of the affection. The urine, however, was free from albumen and sugar; and abstinence from alcohol and tobacco produced no improvement, which is otherwise habitually considerable in these forms of intoxication when abstinence is inforced. The ophthalmoscope showed the disc to be white and turbid; in the erect image greenish, sharply limited, and the vessels normal. Five months afterwards, the scotoma

was rather more extensive. The patient had been treated with moderate doses of iodide of potassium.

JULIUS ALTHAUS, M.D.

374. *Abadie on Syphilis as a Cause of Locomotor Ataxy.*—Abadie (*Gaz. Hebd. de Méd. et de Chir.*, 1882, No. 48) protests against the modern way of attributing every case of absent patellar reflex, temporary impotence, or spasm of the laryngeal muscles to commencing tabes. He thinks if we adopt Pierret's view that the sclerosis is apt to attack any part of the sensory system, central or peripheral, the terms 'locomotor ataxy' or 'tabes dorsalis' should not be employed. He thinks that Gombault's observation on the occurrence of a parenchymatous neuritis, which is capable of complete resolution, is of the utmost importance in explaining the transient paralyses of diphtheria, lead, &c. With reference to the relation of tabes to syphilis, he points out the following facts. All cases with a history of chancre are not syphilitic. Syphilitic histories are frequently present in cases of optic nerve atrophy apart from tabes. Are we, then, to conclude that atrophy of the optic nerves is syphilitic? Syphilis produces singularly diffuse lesions, and would not probably cause a well-defined systematic disease like tabes. Antisyphilitic treatment is absolutely useless in atrophy of the optic nerve. The ophthalmologist has the advantage of seeing these cases early, and of watching the evolution of the functional derangements and structural changes, and the influence of drugs upon these. He knows of no case of cure in medical literature. Mercury does harm, iodide of potassium no good. Syphilitic affections of the optic nerves are well known apart from tabes, characterised by diffuse infiltration on the surface of the nerve. But in tabes the change is one simply of progressive pallor of the disc. He is of opinion, therefore, that true locomotor ataxy, of which the essential symptoms are lightning-pains, incoordination of movements, atrophy of the optic nerves, and paralysis of the ocular muscles, should be retained in the large class of affections called *scleroses*, the etiology of which is still unknown.

375. *Vicente on Hemi-anæsthesia and Aphasia from Lead-poisoning.*—Dr. Vicente (*Le Progrès Méd.*, No. 49, 1882) reports the case of a neuropathic painter, aged 35, who had suffered all his life from nervous symptoms, including several epileptiform attacks, and who, after a night of violent delirium, followed by convulsions, presented loss of sensibility on the right side, with rigidity, aphasia, and, later on, bilateral deafness. In six days the hemi-anæsthesia and rigidity had disappeared, and on the following day speech and hearing suddenly returned. [This case is very similar to one published by the reporter as hysteria in the male, which was also complicated by the presence of the signs of lead-poisoning. See *Med. Times and Gazette*, Jan. 1, 1881.—*Rep.*]

376. *Riedel on Paralysis of Recurrent Laryngeal Nerves from the Use of Carbolic Acid in a Case of Extirpation of a Goitre.*—Dr. Riedel (*Centralbl. für die Med. Wiss.*, No. 34, 1882) relates a case of extirpation of a goitre, in which, after washing the wound with a 2 per cent. solution of carbolic acid, paralysis of both recurrent laryngeal nerves occurred, which was followed by pneumonia and death. The necropsy showed both nerves quite intact, so far as the surgical procedure was concerned.

377. *Spillmann and Schmitt on Tumours of the Fourth Ventricle.*—MM. Spillmann and Schmitt (*Archiv. Gén. de Méd.*) have collected thirty cases of tumour of the fourth ventricle. The most frequent symptoms were headache and vomiting; partial paralysis, hemiplegia, hemi-anæsthesia, staggering, disordered gait, choreic movements, depression, loss of memory, convulsions, followed by coma, deafness, squinting, amblyopia, &c., occurred more or less often. Sugar was observed in the urine four times, and diabetes insipidus once. In seventeen cases death was sudden. They conclude that, as most of the symptoms detailed above are common to most cerebral tumours, in the absence of sugar from the urine a diagnosis of tumour of the fourth ventricle is impossible.

378. *Lépine on Trismus of Cerebral Origin.*—M. Lépine (*Revue de Médecine*, No. 10, 1882) reports a case of a woman who died of cerebral apoplexy, and who presented as the sole convulsive phenomenon permanent trismus. At the necropsy, he found a small hæmorrhagic focus below the grey matter of the island of Reil, and at the foot of the ascending frontal convolution. It is at this place that excitation causes in the monkey constriction of the jaws. Such cases are rare because, according to M. Lépine, the act of mastication is very little cerebral; language, on the other hand, being distinctly so. This observation gives a real symptomatological value to trismus in the localisation of cerebral disease.

379. *Ott on the Diagnosis of Tubercular Meningitis.*—Dr. Lambert Ott (*Philad. Med. Times*) says that he has noticed extraordinary sensibility to pressure in the femur in two cases of tubercular meningitis. There was no hyperæsthesia elsewhere.

R. SAUNDBY, M.D.

380. *Vierordt on Atrophic Paralysis of the Upper Extremity.*—Dr. O. Vierordt (*Deutsches Arch. für Klin. Med.*, Band xxxi., p. 485) had a series of cases under observation which enabled him to separate them into groups; *e.g.* three of traumatic paralysis, six of peripheral neuritis, six of progressive muscular atrophy, and one of chronic anterior poliomyelitis. Four points are, by the author, considered noteworthy among these: 1. the relation as to time between atrophy and paralysis; 2. the localisation thereof in the muscular system; 3. anomalies of sensibility; 4. the electrical condition. With reference to *traumatic paralysis*, the paresis of the motor nerves precedes the muscular atrophy. Disorders of sensibility always occur. Electrical excitability varies with the severity of injury. In *neuritis*, the paresis often distinctly precedes the atrophy; disturbance of sensation will in many cases be found to have been previously present, on sufficient exercise of the memory. The electrical conditions vary. In *progressive muscular atrophy*, there is a generally very slight typical disorder of the muscles of definite nerve-regions; it is well known that it commences in the small muscles of the hand. The parallelism between atrophy and debility is distinctly marked; sensibility is maintained; often there is complete, generally partial, indication of degeneration. In *chronic anterior poliomyelitis*, loss of power occurs first, and is followed by atrophy; disturbance of sensibility is wanting, as in progressive muscular atrophy; there is partial or complete evidence of degeneration.

W. B. KESTEVEN, M.D.

381. *Oliver on Spasm of the Facial Nerve.*—Dr. Thomas Oliver, in the *Med. Times and Gazette*, Nov. 1882, p. 604, gives notes of a case of spasm of the facial nerve, or *tic convulsif.* A man, aged 49, suffered from attacks of epileptiform twitchings on the left side of his face, affecting the muscles of the left angle of the mouth, the left half of the brow, the left ear, and left sterno-cleido-mastoid muscle. When the spasms were severe, there was also some difficulty of breathing, with cyanosis of the lips. In a few attacks the patient became unconscious, but not as a rule. After an attack, speech was often indistinct. When there was no spasm, the face as a whole was somewhat flaccid, yet there was paralysis of the muscles that were the seat of recurring spasm. The patient was given bromide of potassium in drachm doses three times a day, along with ten grains of iodide of potassium. The convulsive spasm was not confined to the muscles supplied by the facial nerve, nor did anæsthesia remain after the fit had passed off. The paralysis remaining is, in Dr. Oliver's estimation, the same as that spoken of by Dr. Hughlings Jackson as the sequel of epilepsy. This writer has drawn attention to the fact that after epilepsy the muscles are found in a paralytic condition, in which they remain until the nerve-centres recover from the exhaustion consequent upon the over-discharge of nerve-force; and Dr. Oliver considers that the paralysis of the muscles in his case was due to the same cause, sufficient time not being given between the attacks for the nerve-centres to recover.

382. *Barlow on Treatment of Infantile Paralysis.*—Dr. W. H. Barlow, in the *Brit. Med. Jour.*, Dec. 1882, p. 1248, writes, protesting against the continued use of the term 'infantile paralysis' to a disease not confined to infants, and suggests that the disease should be called 'regressive paralysis.' In referring to the great value of heat in the treatment of this disease, Dr. Barlow maintains that without resort to electricity one cannot combat fairly the disease; the only way to stimulate the muscles to act is by means first of the continuous current and, later on, the induced; and the earlier you commence the use of electricity the better, for after the lapse of two years it is of comparatively little effect. Next in value to electricity Dr. Barlow insists on the patient trying to move the limb himself, then to exercise passive movements and regulated gymnastic exercises.

Richard Neale, M.D.

DERMATOLOGY.

RECENT PAPERS.

383. Pontoppidan. — On the Etiology of Lupus. (*Viertelj. für Derm. und Syph.*, Heft 2, 1882.)

384. Pontoppidan.—Yaws and Framboesia. (*Ibid.*)

385. Caspary.—On Molluscum Contagiosum. (*Ibid.*)

386. Mandelbaum.—On a Case of Universal Telangeiectasis of the Skin. (*Ibid.*)

387. Rohé.—Two Cases of Acute Psoriasis following Vaccination. (*Jour. of Cutaneous and Venereal Diseases*, Vol. i., No. 1.)

388. Fox, G. H.—Note on the Development of Trichophyton Cruris. (*Ibid.*)

389. Taylor, R. W.—Notes on Psoriasis. (*Ibid.*)

390. Bulkley, L. D.—Acne Atrophica, or Lupoid Acne. (*Ibid.*)

391. Atkinson.—Case of Tubercular Leprosy originating in Contagion. (*Jour. of Cutaneous and Venereal Diseases*, Vol. i., No. 2, p. 56.)

392. Hyde.—A Clinical Study of Dermatitis Papillaris Capillitii. (*Ibid.*)

393. Bartoszewicz.—On the Treatment of Cutaneous Diseases by Scarifications. (*Ibid.*, p. 59; extracted from *Thèse de Paris*, 1882.)

394. Geber.—On a Case of Epithelioma Molluscum and the Nature of the Tumour. (*Viertelj. für Derm. und Syph.*, Heft 3, 1882.)

395. Irsai and Babesiu.—On the Influence of the Nervous System on Pathological Changes in the Skin. (*Ibid.*)

396. Lewinski.—On Urticaria Pigmentosa. (Virchow's *Archiv*, Vol. lxxxviii, Heft 3, 1882.)

397. De Amicis.—A Rare Case of Zoster Bilateralis. (*Gior. Internat. delle Sci. Med.* Naples. 1882.)

398. Crocker.—Lichen Ruber vel Planus, affecting the Mucous Membranes. (*Monatsch. für prakt. Derm.*, No. 6, 1882.)

399. Boegehold.—On the Development of Malignant Tumours from Cicatrices. (Virchow's *Archiv*, Vol. lxxxviii., Heft 2, 1882.)

400. Doutrelepont.—On the Distribution of Skin-Rashes. (*Sitzungsb. der Niederrh. Gesellsch. für Natur- und Heilkunde*, Feb. 13, 1882; abstract in *Viertelj. für Derm. und Syph.*, Heft 3, 1882.)

401. Unna.—On Medicated Spray. (*Berlin. Klin. Wochensch.*, Nos. 20 and 21, 1882.)

402. Koller.—On a Skin-Eruption caused by Parasites in Barley. (*Pester Med.-Chir. Presse*, No. 36, 1882; abstract in *Viertelj. für Derm. und Syph.*, Heft 3, 1882.)

403. Fehleisen.—On the Cultivation of the Cocci of Erysipelas. (*Sitzungsb. der Würzb. Phys.-Med. Gesellsch.*, 1882; abstract in *Viertelj. für Derm. und Syph.*, Heft 3, 1882.)

404. Neumann.—On a Case of Circumscribed Gangrenous Patches. (*Anz. der Gesellsch. der Aerzte*, Vienna, May 12 and 25, 1882; also *Viertelj. für Derm. und Syph.*, Heft 3, 1882.)

405. Greve.—On the Treatment of Psoriasis by Large Doses of Iodide of Potassium. (*Tidsskrift for prakt. Med.*, No. 16, 1881; abstract in *Viertelj. für Derm. und Syph.*, Heft 3, 1882.)

406. Pick.—On the Treatment of Psoriasis. (*Allg. Med. Central-Zeit.*, No. 17, 1882; abstract in *Viertelj. für Derm. und Syph.*, Heft 3, 1882.)

407. Boeck.—On the Diagnosis and Treatment of Lupus. (*Tidsskrift for prakt. Med.*; abstract in *Viertelj. für Derm. und Syph.* Heft 3, 1882.)

408. Quincke.—On Acute Circumscribed Œdema of the Skin. (*Monatsch. für prakt. Derm.*, No. 5, 1882.)

409. Goldscheider.—On Hereditary Disposition to the Formation of Bullæ. (*Ibid.*, No. 6, 1882.)

410. Richardière. — On a Case of Polymorphous Erythema. (*Ann. de Derm. et de Syph.*, Vol. iii., No. 7.)

411. Rabitsch.—On the Treatment of Ringworm by Salicylic Acid. (*Wien. Med. Wochensch.*, No. 14, 1882.)

412. De Amicis.—On Fungoid Dermo-lympho-Adenoma. (Monograph: abstract in *Ann. de Derm. et de Syph.*, Vol. iii., No. 7.)

413. Thompson.—The Internal Administration of Chrysophanic Acid in Psoriasis. (*Lancet*, Dec. 1882, p. 1064.)

414. Smith.—Treatment of an Extensive Outbreak of Ringworm. (*Brit. Med. Jour.*, Dec. 1882, p. 1195.)

415. Klink, E. On Naphthol in Skin-Disease. (*Pamietnik Towarzystwa Lekarsk. Warszawskeigo*, Vol. lxxviii.)

416. White. — The Contagion of Leprosy. (*Amer. Jour. of Med. Sciences*, Oct. 1882.)

Art. 383. *Pontoppidan on the Etiology of Lupus.* The author analysed (*Viertelj. für Derm. und*

Syph., Heft 2, 1882) a hundred cases of lupus which were observed at the Communal Hospital of Copenhagen. He found that 34 per cent. of the patients were males and 66 per cent. females, a proportion which accords with that found by Dr. Raudnitz at Prague. An analysis of the proportion of cases which were furnished by the different districts of Denmark showed that lupus is most common in the parts in which the climate is raw cold and damp. While Raudnitz found at Prague that only 30 per cent. of his cases showed an association with scrofula, Dr. Pontoppidan found at Copenhagen that scrofulous manifestations were present in fifty-nine of his hundred patients. If swelling of the glands were alone to be taken as evidence of scrofula, this number would have to be increased by sixteen. The author found that this proportion is much in excess of that observed when patients of all kinds are indiscriminately examined for signs of scrofula.

384. *Pontoppidan on Yaws and Frambœsia.*—Dr. Pontoppidan (*Viertelj. für Derm. und Syph.*, Heft 2, 1882) examined cases of yaws, and investigated the nature of the disease in the islands of the Little Antilles and in St. Domingo. He found that the malady, which he believes to be an affection *sui generis*, is more superficial in its seat than the description by English and American writers has led us to believe. Microscopical examination showed that the crusts were formed by an amorphous accumulation of dried epidermis and pus-cells. Under them were found a layer of granulation-cells which resembled those found in lupus, gummata, or other granulation-tumours, but the papillary layer of the cutis was always present, and on the whole intact. The papillæ were flattened, the rete Malpighii was compressed and permeated by round cells. The corium was normal. The author believes, therefore, that the seat of the disease is in the rete Malpighii. It is highly contagious.

385. *Caspary on Molluscum Contagiosum.*—Caspary (*Viertelj. für Derm. und Syph.*, Heft 2, 1882) confirms the observations that have been recently made, more especially in London, on the nature of molluscum contagiosum, and finds that the tumours take their origin in the rete mucosum, and not in the sebaceous glands.

386. *Mandelbaum on a Case of Universal Telangeiectasis of the Skin.*—Dr. Mandelbaum (*Viertelj. für Derm. und Syph.*, Heft 2, 1882) reports the case of a healthy man, aged 38, whose skin was everywhere the seat of teleangeiectasis. The skin of the face was in every part filled with an extremely thick network of fine blood-vessels, and was marbled over, of a wine-red to a dark violet colour. The skin on the neck, trunk, upper and lower extremities, was spotted with small papules and red and violet maculæ. They became pale under pressure, although some of them remained of a yellowish brown. The spots and papules had all appeared spontaneously during the preceding nine years, and gave rise to no symptom or feeling of discomfort. They never disappeared and never became paler, although they sometimes were darker. A small piece of skin was examined, and the diagnosis of telangeiectasis confirmed. The author only knows of one similar case, which was reported by Kaposi in his *Lectures on Diseases of the Skin* (p. 597).

387. *Rohé on Acute General Psoriasis following Vaccination.*—Dr. Rohé (*Jour. of Cutaneous and Venereal Diseases*, Vol. i., No. 1) relates two cases in which psoriasis appeared for the first time after vaccination with bovine virus. One of the patients was a man aged 28, and the other a boy aged 9.

390. *Bulkley on Acne Atrophica or Lupoid Acne.* Dr. Bulkley (*Jour. of Cutaneous and Venereal Diseases*, Vol. i., No. 1) relates three typical cases of the affection known as acne atrophica, or lupoid acne. The characteristic lesions are the depressed, sharply cut cicatrices which the pustules leave on the forehead and temples, and the disease is essentially chronic. It is not syphilitic (as has been supposed by some authors), nor is it lupus. [The disease is occasionally described as *acne varioliformis*, an excellent name, had it not been already applied by Bazin to molluscum contagiosum.—*Rep.*]

391. *Atkinson on a Case of Tubercular Leprosy originating in Contagion.*—Dr. Atkinson reported at the fifth annual meeting of the American Dermatological Association (*Jour. of Cutaneous and Venereal Diseases*, Vol. i., No. 2) the case of a woman, of German parentage, who, having never been outside the limits of the State of Maryland, became the object of tubercular leprosy whilst resident in Baltimore. The author attributes the woman's illness to the fact that she had become acquainted with a leper named Brown. This man lived in the same street with her for two years, during half of which period he was her next-door neighbour. Brown's case is reported in the *Maryland Med. Jour.* for July 1878 by Dr. Rohé. He subsequently died in the Charity Hospital, New York.

393. *Bartoszewicz on the Treatment of Cutaneous Diseases by Scarification.*—The author (*Thèse de Paris*, 1882; *Jour. of Cutaneous and Venereal Diseases*, Vol. i., No. 2) remarks that, in the treatment of many skin-diseases, scarification must be regarded as more prompt and satisfactory in its results than any other remedial measures. White, thin, and smooth cicatrices are the advantages offered by this mode of treatment, and in no instances are they so conspicuous as in severe cases of lupus.

394. *Geber on a Case of Epithelioma Molluscum and the Nature of the Tumour.*—Geber (*Viertelj. für Derm. und Syph.*, Heft 3, 1882,) has examined with great minuteness the small tumours known by English authors as molluscum contagiosum (*Epithelioma Molluscum*, Virchow), and has come to the conclusion that the morbid change essentially consists in a hyaline degeneration of the cells of the interpapillary cones of the rete Malpighii. There is, in the first instance, a hyperplasia of the epithelial cells. Geber does not believe that the disease is contagious, but considers that there is in certain persons a predisposition to the formation of these tumours, and that in a number of cases local irritation is an exciting cause.

395. *Irsai and Babesiu on the Influence of the Nervous System on Pathological Changes in the Skin.*—The authors (*Viertelj. für Derm. und Syph.*, Heft 3, 1882) endeavoured by experiments on dogs to ascertain whether morbid conditions of the nervous system are direct causes of skin eruptions. The conclusions at which they arrived are as follows. 1. Immediately after injury to one side of the spinal cord by wound or injection of an irritating fluid, paralysis, but no skin-affection, was observed. 2. After several days, when inflammation had occurred, there appeared an eruption of herpes on the same side on which the injury had been inflicted. When the inflammation involved the opposite side, the herpes was bilateral. 3. The herpes disappeared after it had lasted from three to five days. 4. As

the eruption disappeared, atrophy of the skin was observed on the part which had been the seat of the eruption, and the atrophy went on increasing. Lesions of the spinal ganglia and their nerves were not followed by changes in the skin.

400. *Doutrelepont on the Distribution of Skin-Rashes.*—Doutrelepont (*Sitzungsb. der Niederrh. Gesellsch. für Natur- und Heilkunde*, Feb. 13, 1882; abstract in *Viertelj. für Derm. und Syph.*, Heft 3, 1882) relates a case in which, in a child four years old, callosities had developed symmetrically on certain points in the hands and feet. The growth had begun when the child was in her second year. The author believes that the fact that both hands and feet were affected, shows that there was a disturbance of nutrition dependent on a central cause.

401. *Unna on Medicated Spray.*—Unna (*Berlin Klin. Wochensch.*, Nos. 20 and 21, 1882) recommends ether and alcohol spray as a medium for the application of remedies to parts which are otherwise difficult to reach, as, *e.g.* the external ear, the nostrils, and mucous membranes. He has used in this way chrysophanic acid, chloral hydrate, iodoform, iodides of mercury and potassium, bichloride of mercury, collodion, arsenic, and nitrate of silver. Nearly saturated solutions were used.

402. *Koller on a Skin-Eruption caused by Parasites in Barley.*—Twenty-six labourers (*Pester Med.-Chir. Presse*, No. 36, 1882; abstract in *Viertelj. für Derm. und Syph.*, Heft 3, 1882), half an hour after they had carried sacks of barley, were seized with violent itching on the upper part of the body. On the neck, back, and legs a skin-eruption developed, which resembled a mixture of urticaria, lichen urticatus, and artificial eczema. The itching was increased by cold baths, which several of the men took, but was immediately removed by washing with a 1 per cent. solution of carbolic acid and tepid baths. In the dust which was riddled from the barley the remains of acari were found; in the barley itself the same form of acarus was observed, which Robin has described as a species of Oribates.

403. *Fehleisen on the Cultivation of the Cocci of Erysipelas.*—The author (*Sitzungsb. der Würzb. Phys.-Med. Gesellsch.*, 1882; abstract in *Viertelj. für Derm. und Syph.*, Heft 3, 1882) had previously described the existence of micrococci in the lymphatic vessels as a constant occurrence in erysipelas. In order to ascertain whether the micrococci are the real cause of the disease he cultivated them in Koch's 'flesh-infusion pepton-gelatine.' The fourth generation of this cultivation series was inoculated over a conglomerated mass of fibro-sarcomatous tumours which had formed on the left gluteal region of a woman aged 58, and which hung down so low that they impeded her movements in standing and walking. The inoculation was made at 3 P.M., and on the following morning at 10 there was a slight rigor. The patient complained the whole of that day of headache and had less than her usual appetite. In the evening her temperature was 38·8° C. (102° Fahr.). On the third day the morning temperature was 37·2° C. (99° Fahr.), the evening temperature 37·8° C. (100° Fahr.), and the patient felt well. During the night she at first slept well, but at 4 A.M. there was a rigor, and on the morning of the fourth day there was observed a sharply limited, slightly raised reddened surface—a typical erysipelas marginatum—the temperature being 40·5° C. (105° Fahr.). The local and general symptoms increased until the seventh day, the temperature reaching its highest point, 41·6° C. (nearly 107° Fahr.). From that day the disease steadily diminished in intensity, the affected area became gradually paler, and on the fifteenth day the temperature was normal. The author further reports that he has succeeded in inoculating rabbits with the disease.

404. *Neumann on a Case of Circumscribed Gangrenous Patches.*—Neumann (*Anz. der Gesellsch. der Aerzte*, Vienna, May 12 and May 25, 1882; also *Viertelj. für Derm. und Syph.*, Heft 3, 1882) brought before the Vienna Medical Society a case which is supposed to be of great rarity, if not unique. The patient was a young woman, eighteen years old, anæmic; the menses were scanty; and she had been since October 15, when the first lesions developed on the palm, the subject of acute circumscribed gangrene on various parts of the body. The first symptom was a sensation of severe burning, which lasted from five to ten minutes; the skin became reddened on a circumscribed spot, slightly raised, and the temperature increased. The part then became brown, and afterwards of a dull white colour. Sensation was lost in the periphery first, and after about half an hour in the centre. Neumann himself observed these stages on four occasions. The slough separated within fourteen days, the granulating surface which was left being healthy. In the discussion which followed, Billroth and Weinlechner expressed the opinion that the sloughs were artificially produced, but Ludwig (who undertook a chemical examination of the sloughed skin) could find in it neither caustic alkalies, nor alkaline carbonates, nor caustic mineral acids.

405. *Greve on the Treatment of Psoriasis by Large Doses of Iodide of Potassium.*—Greve (*Tidsskrift for prakt. Med.*, No. 16, 1881; abstract in *Viertelj. für Derm. und Syph.*, Heft 3, 1882) states that iodide of potassium in large doses is a certain cure for psoriasis. He begins with small doses, increasing them gradually until tolerance is established. When a dose of 15 grains has been reached the curative effects begin to be observable, but when a dose of 30 to 45 grains has been reached, the disease begins quickly to disappear. This statement of Greve is confirmed by Boeck.

406. *Pick on the Treatment of Psoriasis.*—Pick (*Allg. Med. Central-Zeit.*, No. 17, 1882; abstract in *Viertelj. für Derm. und Syph.*, Heft 3, 1882) in order to secure the good effects of the treatment of psoriasis by chrysarobin without its well-known disadvantages, has used a chrysarobin-gelatine. The combination was used in various percentages to meet the peculiarities of individual cases, and is recommended by the author.

407. *Boeck on the Diagnosis and Treatment of Lupus Vulgaris.*—Boeck (*Tidsskrift for prakt. Med.*, Nos. 19, 20, and 21; abstract in *Viertelj. für Derm. und Syph.*, Heft 3, 1882) recommends a pyrogallic plaister for the treatment of lupus. His formula is:—Olei olivæ, resinæ colophoniæ, āā 8 grammes; ceræ flavæ, 15 grammes; gummi resinæ ammoniaci, balsami terebinthinæ venetæ, āā 1 gramme; acidi pyrogallici, 4 grammes. Fiat emplastrum.

408. *Quincke on Acute Circumscribed Œdema of the Skin.*—Quincke (*Monatsch. für prakt. Derm.*, No. 5, 1882) has observed cases in which circumscribed œdema has developed suddenly in the neighbourhood of joints, occasionally on the trunk and face, and on the latter part more especially on

the lips and eyelids. The swollen parts are not sharply limited, and are usually of the same colour as the surrounding skin. There is generally a sensation of tension, but not of itching. Simultaneously parts of the mucous membrane of the lips, soft palate, pharynx, and entrance to the larynx, may swell, and difficulty of breathing may ensue. The swelling lasts from several hours to a day; but, while the first swellings disappear, others sometimes develop on various parts of the body, so that the affection may continue for several days and even weeks. It is not accompanied by fever. In some cases, the œdema of the larynx rendered scarification necessary.

409. *Goldscheider on Hereditary Disposition to the Formation of Bullæ.*—The author (*Monatsch. für prakt. Derm.*, No. 6, 1882) relates that, in a family of which he knows several members, there has been a predisposition to the formation of bullæ in three generations. Moderately firm rubbing with the finger on any part of the body for two or three minutes produced a bulla after a few hours. Mere pressure was not sufficient to produce the effect, nor was a merely chemical irritant, such as tincture of iodine or acetic acid. Microscopical examination showed that the predisposition consisted in an hereditary defect in the prickle-cell layer, which led to its being easily detached from the subjacent epidermic cells.

410. *Richardière on a Case of Polymorphous Erythema.*—The author (*Ann. de Derm. et de Syph.*, Vol. iii., No. 7) describes a case of polymorphous erythema, in which a painful condition of the joints yielded to salicylate of soda. Endocarditis occurred on the fifth or sixth day of the eruption, and persisted after it had disappeared.

411. *Rabitsch on the Treatment of Ringworm by Salicylic Acid.*—Rabitsch (*Wien. Med. Wochensch.*, No. 14, 1882) has used with success in eczema marginatum, tinea circinata, and pityriasis versicolor, a 10 per cent. solution of salicylic acid in alcohol.

412. *De Amicis on Fungoid Dermo-lympho-adenoma* (*Mycosis Fongoïde* of Alibert, *Inflammatory Fungoid Neoplasm* of Duhring).—De Amicis (Monograph, abstracted in *Ann. de Derm. et de Syph.*, Vol. iii., No. 7) reports two cases of the affection termed mycosis fongoïde by French authors, one of them being fatal. The histological examination of the tumours confirms Dr. Duhring's suggestion that this affection is similar in its nature to the cases described by him under the name of inflammatory fungoid neoplasm. The chief interest of the communication lies in the description of the histological changes. The epidermis appeared almost healthy, but the normal elements of the corium had disappeared, their place being taken by small lymphoid elements closely packed in the meshes of a very delicate reticulum. The tumours were very vascular. The infiltration surrounded the hair-follicles and the sebaceous and sudiparous glands. The panniculus adiposus contained numerous leucocytes and many newly formed vessels. The changes extended to the subcutaneous tissues and penetrated to the muscles, in which the lymphoid corpuscles were observed separating and breaking up the individual fibres.

G. THIN, M.D.

413. *Thompson on the Internal Administration of Chrysophanic Acid in Psoriasis.*—Dr. Ashburton Thompson, in a letter in the *Lancet*, Dec. 1882, p. 1064, refers to Mr. Cauty's remarks on chrysophanic acid in the *Lancet*, Dec. 2, and draws attention to a paper by himself in the *Brit. Med. Jour.*, May 1877, in which he claims having first observed the marked effect which chrysophanic acid has of discharging large quantities of bile from the body, and in large doses (ten to fifteen grains) of acting as a valuable emetic purge.

414. *Smith on Treatment of an Extensive Outbreak of Ringworm.*—Mr. Alder Smith, in the *Brit. Med. Jour.*, Dec. 1882, p. 1195, gives a summary of the management of a large outbreak of ringworm in a school. Out of ninety-two children there were eighty-three affected with ringworm; some cases very chronic, some very recent. The majority had body ringworm as well. In less than a month the body ringworm was cured by using, either Coster's paste, acetic acid, or by the compound ointment of carbolic acid, citrine ointment, and sulphur. In less than three months forty-nine cases were cured by using only the compound carbolic acid, citrine and sulphur ointment. Of the remaining cases, twenty were put on the oleate of mercury treatment, and later on twenty-three cases were treated with croton-oil, in order to remove stumps or to convert small rebellious patches into kerion. In six months, seventy-two cases were cured. RICHARD NEALE, M.D.

415. *Klink on Naphthol in Skin-Disease.*—Dr. E. Klink, of Warsaw (*Pamietnik Towarz. Lek. Warsz.*, Vol. lxxviii.), employed beta-naphthol (see the LONDON MEDICAL RECORD, Oct. 1881, p. 413) in ointment made of 1 to 15 grammes to 100 grammes of lard, and in alcoholic solution (from ½ to 10 grammes to 100 grammes of diluted spirit), and, after an extensive trial in various skin affections, came to the conclusion that this remedy is reliable only in cases of parasitic diseases, such as scabies, ringworm, and pityriasis versicolor. In eczema, the author prefers resinous substances; in psoriasis, chrysophanic and pyrogallic acids. In view of the strong irritating effects of naphthol on the skin and kidneys, caution is recommended.—[The danger of hæmoglobinuria from the use of naphthol had been already pointed out by Dr. Neisser. See the LONDON MEDICAL RECORD, Feb. 1882, p. 69.—*Rep.*] V. IDELSON, M.D.

416. *White on the Contagion of Leprosy.*—In the *Amer. Jour. of the Med. Sciences* for Oct. 1882, Dr. James C. White contributes a valuable paper in which he traces the origin of leprosy in the Hawaiian Islands, New Brunswick, Cape Breton, and the United States. In the study of the disease observed in these various localities, he finds evidence that it is communicable from man to man by direct transference, or facts which can be interpreted in no other reasonable way; and this conclusion he accepts as supported by the general history of the affection in past times as related by medical chroniclers. He accordingly feels justified in forming the following conclusions. Leprosy has spread under recent observation, when introduced into a previously unaffected stock, in so rapid and general a way as to prove that it may diffuse itself universally through a nation independently of the action of hereditary tendencies. There is no evidence to support the assumption that this wide and quick extension of the disease has been caused or aided by any peculiarities of soil, climate, diet, or other telluric agency in Hawaii. The history of the affection, on the other hand, leads to the strongest conviction (scientific proof is well-nigh out of the question) that it is communicated directly from person to person, while the peculiar customs offer a satisfactory explanation of

its unparalleled spread. The history of the little centre of disease in Louisiana, watched, fortunately, from its very beginning, leads to the same conclusion, that it affects persons not under any law of heredity, but through the intimacy of personal relationship, the customs and morals determining largely the rapidity and universality of its spread. As regards the bacilli of leprosy, Dr. White believes that there is nothing in the history or pathology of leprosy incompatible with the theory of its parasitic nature. Should a bacterium be constantly found in the disease, it would constitute strong presumptive evidence that this parasite was the specific cause of leprosy. The proof would be positive if its inoculation were found to reproduce the disease. As yet, however, proof of this character has been merely negative. Dr. White is a strong advocate of the isolation of lepers.

DISEASES OF CHILDREN.

RECENT PAPERS.

417. Southey.—Symmetrical Gangrene of the Skin of the Abdomen in a Child. (*Brit. Med. Jour.*, Dec. 1882, p. 1094.)

418. Pocock.—Acute Rheumatism in an Infant. (*Lancet*, Nov. 1882, p. 804.)

419. Steele.—Bent Tibiæ in Children. (*Brit. Med. Jour.*, Dec. 1882, p. 1293.)

420. Beck.—Strangulated Hernia in an Infant. (*Brit. Med. Jour.*, Dec. 1882, p. 1151.)

421. Godlee.—Three Cases of Intussusception in Infants treated by Abdominal Section. (*Brit. Med. Jour.*, Dec. 1882, p. 1210.)

422. Kispert.—Suprapubic Lithotomy in Children. (*El Genio Medico-Quirurgico.*)

Art. 417. *Southey on Symmetrical Gangrene of the Skin of the Abdomen in a Child.*—Dr. Southey (*Brit. Med. Jour.*, Dec. 1882, p. 1094) reports a case which occurred in St. Bartholomew's Hospital. A child, aged five, was admitted on the twenty-first day of illness (scarlet fever), and on the abdomen was noticed a large dark purple triangular patch, graduating off in bruise-like rings of colour at its margin, suffusing the skin of the abdomen. It left the umbilicus free, but was very symmetrical on both sides of the mesial line, extending from the costal arch to a little below the navel, the apex pointing to the pubes. A second ecchymotic patch of smaller size extended a little below the larger one. Three days after admission, the skin of these patches became gangrenous; on the eighth day they commenced to slough, and healed about eight weeks from the first appearance of the gangrene, leaving a dull red scar without any contraction.

418. *Pocock on Acute Rheumatism in an Infant.*—Dr. Ernest Pocock, in the *Lancet*, Nov. 1882, p. 804, reports a case of acute rheumatism in a newly-born infant. Mrs. A—— had been ill two days with rheumatic fever, and was pregnant, being within a month of her confinement. Twenty grains of salicylate of soda were given every hour at first, then every two hours, and in thirty hours the rheumatic pains left entirely, but labour came on, and in four hours a healthy male child was born; the mother had a return of the rheumatism after its birth, but eventually recovered. The child was decidedly feverish within twelve hours of birth, and cried a good deal, especially when the right arm was moved. The temperature was found to be 103·5, and the pulse very rapid. Salicylate of soda (in doses of four grains every two hours) was given to the infant. The temperature fell to 101° within forty hours, and was normal by the eighth day, after which it did not rise again. The child made a good recovery, and no valvular mischief was detected.—[A reference to Section 1453:6 of the *Medical Digest* will, among other interesting cases of infantile rheumatism, direct the reader to a very valuable paper by Dr. Giuntoli, published in the London Medical Record, June 1879, p. 213.—*Rep.*]

419. *Steele on Bent Tibiæ in Children.*—Dr. C. Steele, in the *Brit. Med. Jour.*, Dec. 1882, p. 1293, in a short paper, speaks of those cases of bent tibiæ in children where the inner surface presents a curve outwards and backwards, and in so doing gives a twist to the ankle, turning the toes inwards. Dr. Steele remarks that this condition is generally observed in fine children soon after they begin to walk, and he holds that the deformity is congenital, due to the position which the child's legs and feet occupy *in utero*, especially if the child be a large one and the liquor amnii small in quantity. The treatment recommended is the early use of an elastic power acting on the bone affected, leaving free the knee and ankle joints by means of a light instrument which can be worn both day and night.

420. *Beck on Strangulated Hernia in an Infant.*—Mr. Marcus Beck, in the *Brit. Med. Jour.*, Dec. 1882, p. 1151, reports a case of strangulated hernia in which he operated, and the child was discharged cured in fifteen days. Cases of strangulated hernia in children are extremely rare, and all the recorded cases have been in boys. Out of nine cases operated on and reported, death occurred in two only. According to Mr. Erichsen, the sac of a strangulated congenital hernia commonly contains a large quantity of fluid, usually clear but often dark in colour; there being in fact a hydrocele conjoined with the hernia. The stricture appears to be formed by the contraction of the funicular prolongation of the peritoneum, and is always found in the neck of the sac; hence it is useless in these cases to endeavour to relieve the strangulation without laying open the sac and dividing its neck from within.

421. *Godlee on Three Cases of Intussusception in Infants Treated by Abdominal Section.*—Mr. Godlee, in the *Brit. Med. Jour.*, Dec. 1882, p. 1210, gives notes on three cases of intussusception in infants. The first case was that of a child, aged nineteen months. The bowel protruded at the anus, and it was thought inadvisable to try inflation for any length of time; abdominal section was therefore resorted to, the intussusception reduced, and the wound dressed with iodoform wool; the patient recovered completely by the eleventh day. The other two cases were more severe, and both the patients died. Mr. Godlee adds that, whenever the gut protrudes at the anus, he would not hesitate to operate at once; but, when a tumour is felt through the abdominal wall, inflation and injection should be tried.

Mr. George Brown, in the same paper, gives an account of a case of acute intussusception in a boy, two years of age, in which he performed abdominal section, but all attempts to reduce the incarcerated gut failed, and it was decided to make a longitudinal incision in the descending colon to relieve the distension. It was then found that the inflammatory action had been so severe as to cause firm adhesion of the serous membrane of the colon, and that of the

invaginated small intestine. The child died six hours after the operation.

RICHARD NEALE, M.D.

422. *Kispert on Suprapubic Lithotomy in Children.*—Dr. Kispert (*El Genio Medico-Quirurgico*) reports two cases of suprapubic lithotomy in children, both recovering without a bad symptom. The incisions were made in the linea alba vertically, and the bladder sewed up with carbolised silk, the whole operation being performed antiseptically. Dr. Kispert holds that in children the high operation is by far the best, as giving more room, as leading to quicker recovery, and avoiding any chance of causing sterility. He prefers it also in many adult cases, as when there exist hæmorrhoids, prostatic enlargement, morbus coxæ, &c. In quite young children the relatively higher position of the bladder in the abdomen might be an additional reason for this operation—one hardly, if ever, performed in England on children. WALTER PYE.

REVIEWS.

ARTICLE 423.

The Chamberlens and the Midwifery Forceps. By J. H. AVELING, M.D., Physician to the Chelsea Hospital for Women. London: J & A. Churchill. 1882.

THIS work represents ten years' study, compilation, and sifting of a scattered mass of biographical materials of five generations of the Chamberlen family. To give some idea of the wide range of territory traversed, we enumerate a few of the sources from which the author has drawn the materials of what we regard as one of the most ingenious and laborious examples of synthetical labour and inductive logic, with which we are acquainted in the whole range of medical literature. He has consulted the registers, by permission from the Lord Bishop of London, of the See, and the Vicar-General; he has searched through the annals of the College of Physicians, as well as the annals of the Barber-Surgeons now in possession of the Barbers' Company. The result of Dr. Aveling's researches is that the whole history of the midwifery forceps, its real inventor, and almost the exact date of its invention, now stand out as clear as daylight.

In alluding to the discovery of forceps in Dr. Peter Chamberlen's house, Dr. Aveling remarks:—'One curious fact can scarcely have escaped the attention of the reader, which is, that there are three specimens of each class. It is true there are four forceps, but one is of such rude construction as to be scarcely practically useful. The rational and inevitable explanation, therefore, of this remarkable coincidence must be, that the instruments found were those not only of Dr. Peter Chamberlen, but of his father and uncle; for the secret could scarcely have been kept, if at the death of the latter two obstetricians their instruments had been allowed to fall into any other hands than those of Dr. Peter Chamberlen.'

He then notes that Semellie, in the introduction to his *Midwifery*, speaking of the instrument used by Chamberlen, says—'and said to be contrived by the "uncle." "The uncle" can mean no other person than Peter Chamberlen, senior, for Dr. Peter Chamberlen had no brother practising as an obstetrician. As far, therefore, as can be determined by existing evidence, Peter Chamberlen, senior, may with almost absolute certainty have the honour conferred upon him of being the inventor of midwifery forceps. He was born, as has been already shown, in Paris, whence, when a youth, he fled with his father to this country. Here, as was the case with many of his brother Huguenot refugees, he rewarded our country for its shelter by bestowing upon us the priceless and beneficent bounty of his skill and genius.' In conclusion, we may state that the author of this interesting historical monograph merits the appreciation and approval of all who practise in the department of obstetric medicine. The book is unusually well got up, the binding is pleasing to the eye of the bibliophile, and the paper and type will compare favourably with those of many an '*édition de luxe.*' FANCOURT BARNES, M.D.

ARTICLE 424.

Practical Medical Anatomy. By AMBROSE L. RANNEY, A.M., M.D. London: Sampson Low, Marston, Searle, & Rivington. 1882.

THIS volume is composed of anatomy and surgical anatomy, with hints from Hilton and Holden, a little medical anatomy from Sibson, and a short account of physical signs used in medical examinations, such as would hardly suffice for any manual for clinical use. There are numerous woodcuts, generally very hideous, seldom original, and sometimes not referred to in the text (Nos. 48, 49, 50, 66, 67, 79, 88, 112, 113, 132, 133, 134, &c.), but put in apparently out of sheer prodigality, such as we see in some of the American illustrated magazines; in the present case there is not the excuse of artistic merit which makes the others welcome. The author views all adaptations from a teleological standpoint. Some of his remarks are very curious: 'The physiological acts of prehension of food and its mastication, the sucking of liquids through a tube . . . . are all materially assisted by movements of the head,' as if Nature in her bounty foresaw and provided for the American's natural weakness for sherry-cobblers.

The author believes in physiognomical diagnosis, and quotes numerous authorities in his support. The chapter on this subject contains some of the most hideous of the illustrations. This is just one of those questions which is dear to the unscientific mind, for we hold it truth that science means precise knowledge, and all that is vague and undefined, that has not stood the test of careful investigation, or which is too indefinite to admit of it, is mere futility and idle talk. We do not object to careful investigations into this or any other subject, because properly conducted investigations must increase our precise knowledge, though possibly only in a negative direction, as those of Galton and Mahomed on the physiognomy of phthisis have done. Our protest is against the assumption that we already possess trustworthy information as to the pathological indications afforded by facial expressions.

The author speaks of paracentesis of the pericardium as an operation not much in favour and grave in character. No doubt it is not a frequent operation, but that is more probably because the indications for it are not common. Rosenstein's case of successful incision for pyo-pericardium is a great encouragement to operative treatment, even in the most unfavourable circumstances.

Dr. Ranney's book contains a great deal of information in a compact form, and will doubtless prove

useful to those who want a ready guide to the practical points of anatomy.

Article 425.

The Systematic Treatment of Nerve-Prostration and Hysteria. By W. S. Playfair, M.D., F.R.C.P. London: Smith, Elder, & Co. 1883.

Dr. Playfair has done good service by collecting into a small book his articles in the *Lancet* of 1881, and his paper read at the meeting of the British Medical Association at Worcester in 1882 (supplemented by a few notes and appendices), on the systematic treatment of nerve-prostration and hysteria by isolation, 'massage,' and abundant diet. His attempts he gratefully acknowledges to have been due to Dr. S. Weir Mitchell's remarkable success in the United States. In 1875 Dr. Mitchell began treating some selected cases of 'neurasthenia' and hysteria by separating them entirely from their friends, by shampooing them, or 'massage,' which substituted passive exercise for exertion, and by electrical muscular excitation, which acted in a somewhat similar manner. 'These means,' he says, 'enable us to overfeed our patients, and enable them to digest with ease large amounts of food.'

To Dr. Weir Mitchell's long series of successes Dr. Playfair adds a few very striking ones from his own practice, where, under such treatment, the dreary picture of the *vie manquée*, the chronic hysterical invalid, helpless, hopeless, a martyr to all discomforts, a burden to all near her, has given place to health and strength little expected and permanent beyond relapse. Considering the comparative novelty of the method in English clinical practice, it was Dr. Playfair's function to be explanatory and exhortatory rather than critical. He gives a short sketch of his cases, and inserts in one of them a complete dietary as used on the tenth day of the treatment of a patient over 50, weighing 4½ stone, who had lain for twenty years on a bed or sofa, subsisted on starvation diet, and been in constant pain, too weak to stand. It looks at first sight like the dietary of a vigorous diabetic patient, who had been allowed her own way as to solid food—porridge, egg, rump steak, roast mutton, fried sole, omelette, potatoes, cauliflower, French beans, bread and butter—and agreed to put up with about five pints of milk and raw meat soup. However, as there was no dyspepsia, she not unnaturally gained weight—in fact more than three stone in six weeks, and was soon well enough to set out for Natal.

The points which he considers most essential, and very justly so, are—(1) that the case should be well chosen; (2) that the nurse who is the invalid's sole attendant and companion should be competent to the very difficult duties of management and 'massage,' of which latter he gives a detailed account in an appendix; (3) that the patient should be completely isolated, as a break to the continuity of bad habits and a check to prejudicial and misplaced sympathy; and (4) that a gradually increasing high scale of diet should be used unsparingly. That all of these should be satisfactorily carried out, is manifestly not easy: the power of discrimination of cases which are amenable to such treatment is only to be acquired by experience and perhaps failure. That there have been failures, Dr. Playfair hints; it would have been very helpful to the inexperienced to hear the history of some of them. It needs many pages and a brilliant pen to give a complete picture of a state of nervous exhaustion and hysteria, its antecedents, and the indications leading to this treatment or to that; and though Dr. Playfair's style is very clear, his space is limited, and he has not found it possible, as a rule, to describe the previous treatment of his patients. The treatment raises the nurse almost to the position of first importance. Her competence is only to be judged of from her success; and if she be unsuccessful she must be replaced, it is insisted, until the successful nurse can be found. The nurses fit for such a task at present are few; but if the treatment grow more popular they will grow more numerous up to a certain point; they will always require considerable natural talent. That the treatment will grow more popular is probable; for it is an attempt at a curative treatment for states which have not, as a rule, had any treatment hitherto that was better than palliative, and much that was worse. Still there is no point in it that is entirely novel; it is rather as an organised system that it is new. But experience in it will grow slowly, for it is not a method that can be tested in hospitals; and the private practitioner's first plunge into it requires nerve. That the first successes should make Dr. Playfair's book rather too sanguine, is perhaps only natural. 'It is a plan,' writes Dr. Weir Mitchell, more cautiously, after seven years' abundant experience, 'never to be used where exercise, out-door life, tonics, and change have not been thoroughly tested.'

A. T. Myers, M.D.

Article 426.

Notes from Sick Rooms. By Mrs. Leslie Stephen. London: Smith, Elder, & Co.

In this unpretending little book, Mrs. Leslie Stephen desires, for the benefit of others, to record some of the experience she has gained in connection with the sick room in the double capacity of patient and nurse. She has evidently had considerable opportunities in private life of recognising some of the weak points of nurses, even amongst such as have been professionally trained for the work, and has carefully noted how best to avoid them. It is no disparagement of Mrs. Stephen's task to surmise that she has not undergone the systematic hospital training, by most people thought essential, prior to speaking authoritatively on the subject of nursing; because the impressions and suggestions which an intelligent witness, who has watched with discernment the shortcomings of others, has to offer, have oftener than not a freshness about them which goes far to make up for the want of that scientific knowledge with which it is becoming the fashion to imbue the modern nurse. It is mainly with the multitude of small things that the writer has to deal, such as constitute the every-day life of the sick chamber, and which, from their simplicity and ordinary routine, are equally applicable to the members of the family circle and to the nurse hired for the occasion. Among other useful observations our attention is directed to the misery often caused to patients from crumbs in the bedclothes—gravel-walks, as they are sometimes called; to the proper means of assorting pillows, bed clothes, and waterproofs; and to the necessity of furnishing an abundance of clean linen and handkerchiefs without disturbing the patient with visions of the washerwoman. The notes on ablution and bath-giving are much to the purpose, the writer evincing almost a too sensitive fear lest the patient should

suffer from chill, an unpardonable offence on the part of the nurse should it occur, but one which a person of ordinary judgment would know how to avoid. The same may be said of the measures recommended for airing the apartment, moderating the light either by night or by day, and deodorising the atmosphere, which may occasionally be necessary where the night-stool or bed-pan is used. The spray of Sanitas is recommended for the latter purpose, although we think most people would prefer the odour of eucalyptus, thymol, or even carbolic acid ; but on this, as well as in most matters which concern individual comfort, some concession must be made to the nasal susceptibilities of the patient. Mrs. Stephen inveighs against candle-smoke, the use of night-lights, and other minor abominations which are liable to make the sick room oppressive, and recommends suitable means by which the irksome character of what are supposed to be necessary adjuncts of the sick chamber may be avoided. Some judicious remarks are appended in disparagement of the industrious busybodies who are for ever insisting on visiting patients at unseasonable times, and on the necessity of the nurse enforcing order and quiet—which may be practicable enough anywhere indoors, but scarcely possible to the dwellers in the busy streets of large towns. There are few things more distracting to patients in London houses than the brawling noises, drum and fife bands, barrel organs, and other disturbing torments which infest the streets after nightfall.

The concluding part of the notes refers more exclusively to matters which come specially within the province of the nurse, comprising some remarks on cooking (especially beef-tea), the administration of food, the preparation and application of fomentations, poultices, and other medicaments. Little is said about the nursing of special diseases; although the moral management of hysteria—or rather of what are termed nervous patients—is considered at some length, the nurse being warned never to look at or speak to a person suffering from an acute attack of hysteria, but to maintain a calm demeanour in the emergency, avoiding all gaieties and reproof. In a few concluding and well-timed remarks, the writer counsels the nurse, when death supervenes, to avoid all fussiness and assumption of knowledge relative to the disposal of the corpse, and to leave the melancholy duty, if possible, to be performed by friends or relatives.

Although exception may be taken, and not unreasonably, by many competent nurses to some passages in the notes, they may on the whole be read with advantage and profit by nurses in general, and especially by the female members of any household, containing, as they do, many useful hints and suggestions, valuable in a time of sickness.

J. C. STEELE, M.D.

NOTES ON BOOKS.

ARTICLE 427.

Nerve Vibration and Excitation as Agents in the Treatment of Functional Disorder and Organic Disease. By J. MORTIMER GRANVILLE, M.D. London, 1883. Pp. 128.—Dr. Granville's book consists to a great extent of reprints of papers which have at various times appeared from his pen in the medical journals on his mode of percussion as a cure for nervous diseases, including a claim for priority against M. Boudet, of Paris, who has apparently used similar means in Vigouroux's wards, without being acquainted with Dr. Granville's previous experiments. The rationale of the percussion treatment appears to be that, all nervous action being vibratile, therefore the induction of artificial vibration in the nervous elements must be therapeutically beneficial. It might similarly be said that, as all nervous action is electrical, therefore electricity must be the panacea for nervous diseases ; but dogmatic assertions of this sort are really worth very little. The value of a mode of treatment like that proposed by Dr. Granville must stand or fall by well-marked and well-attested results of it in a series of cases of defined forms of disease : these are not yet recorded. The author claims for his treatment that by means of it he can relieve pain, control disorderly movements, elicit energy from torpid centres, allay morbid irritability, relieve cerebral and cerebro-spinal irritation and distress, improve the vaso-motor state, cure acne and jaundice from old-standing liver-disease, neurasthenia, indigestion, constipation, tension-albuminuria, and pseudo-diabetes. Time and the experiments of others will show whether these assertions will stand the test of impartial and critical investigations.

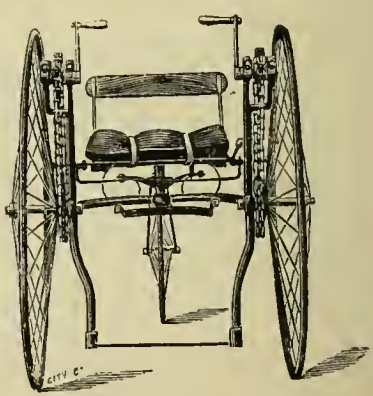
Diseases of the Ear. By GEO. P. FIELD, M.R.C.S., Aural Surgeon to St. Mary's Hospital and Lecturer on Aural Surgery in the Medical School. Third edition. (Renshaw, 1882.)—In this third edition of his handbook Mr. Field has added some interesting material to the information which he gave in the preceding editions. The work contains no 'padding,' and is therefore well fitted for the use of general practitioners and students, who will find it one of the most useful and practical guides to the treatment of diseases of the ear that have ever been published in this country.

NEW INVENTIONS.

ARTICLE 428.

TRICYCLES FOR LAME PERSONS AND INVALIDS.

THE Manchester Tricycle Co., 14 Exchange Arcade, Deansgate, Manchester, have latterly turned their attention to the manufacture of this class of machine, and specimens of them were exhibited at the recent exhibition of tricycles and bicycles held at the Albert Hall.



The accompanying cut represents their 'Favourite' tricycle. The materials of which it is constructed are light and strong, and it should prove a great

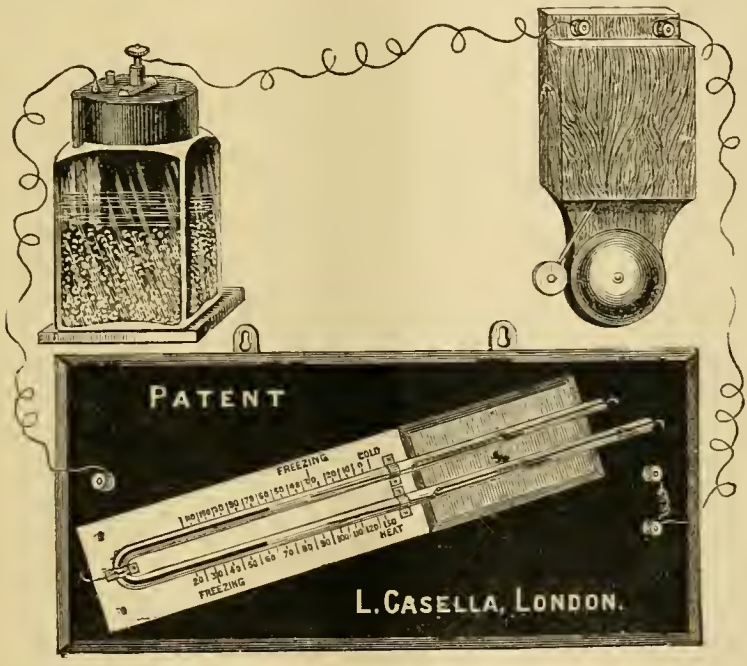
boon to that class of invalids who, though deprived of the use of their lower limbs, yet have sufficient strength to propel themselves by their arms.

Article 429.

THE CASELLA-GOOLDEN DOUBLY ADJUSTABLE ELECTRICAL SIXE'S THERMOMETER (PATENT).

This is a meritorious and very useful invention, and its applicability may be said to be almost universal. The appended engraving will enable the reader to follow us in our description.

It will be observed that the thermometer lies in an oblique position, and the intention of the inventors is that it may be enclosed in a case or box to prevent any tampering with it, when once set. The object sought to be attained is to regulate the amount of heat or cold, above or below which the temperature cannot be altered without due notice being given to attendants or those in charge. Attached to the thermometer and running into the glass tubes are platinum rods with small magnets at the ends; by introducing an ordinary horse-shoe magnet to these, they can be inserted to any position in the thermometric scale. Thus, for instance, if it be required that the temperature of any apartment or manufacturing process should not exceed 65° Fahr., the platinum rod is set at that figure, and, supposing the heat should rise to that, the apparatus, which is in connection with an electrical battery and bell as shown in the drawing, puts the electric current into action; the bell commences ringing, and will necessarily continue to vibrate until the attention of those in charge is called to it, when the error can be rectified. So, also, in the case of cold; should it be necessary for the temperature not to fall below 50° Fahr., the corresponding platinum index is set to that figure and, the same results will accrue, should the mercury fall to the point of the wire. It will thus be seen how very useful and reliable this apparatus can be made; and we need scarcely add that the bell may be placed at any distance from the thermometer itself, if it be not convenient to have an attendant at the exact spot. Professional men must at once grasp the advantages to be obtained from this invention, as hospital wards and sick rooms can be kept at any required temperature without leaving anything to chance; but beyond this there are numerous manufacturing processes where a certain amount of heat or cold is absolutely necessary for the proper carrying on of the work, *e.g.* in breweries, refrigerating apparatus in vessels carrying meat, in the ventilation of theatres and public buildings, and many other cases where it is essential to preserve a uniform temperature, such as chemical and dyeing processes, &c. This invention, introduced by Mr. L. Casella, of 147 Holborn, E.C., provides for a want that, we believe, has never before been introduced in this form.



Article 430.

RIMMEL'S AROMATIC OZONISER.

This agreeable and elegant preparation, manufactured by Mr. Eugene Rimmel, of 96 Strand, consists of particles of the coniferous woods as pine, cedar, &c., which are impregnated with various volatile aromatic oils, eucalyptus oil considerably preponderating. The presence of ozone has readily been detected on examining the air of a room in which some of the above preparation had been exposed, so that it may be legitimately placed amongst our aërial disinfectants, while the odour emitted by it (unlike many disinfectants) is very agreeable, a fact sufficient of itself to recommend it for general use. Medical men wishing to test it can

have gratuitous samples by making application to the manufacturer.

ARTICLE 431.

DIETETIC NOVELTIES.

AUSTRALIAN WINES.

THE introduction of Australian wines some years since into this country was not received with much favour. This failure may be attributed to more than one cause; a bountiful supply of the well-known and established French light wines was available within as short a journey of us as the whiskies of Scotland and Ireland; the destructive phylloxera had not at that time made its ravages amongst the vines of our neighbours, nor had the demand for the lighter wines become so large in the case of the English public as has subsequently been the case, consequently there was not the same necessity for the Australian productions. But there was a deeper reason for the comparative indifference evinced towards these wines. The cargoes delivered here for the first few years were not of that quality or flavour which English consumers have been accustomed to receive from French growers, and what little intrinsic merit was contained in them was in many instances destroyed by the objectionable so-called 'fortifying' system, by the use of coarse German spirit. But, with the exception of the last-named practice, it was no discredit to our young dependencies that they were unable for a time to cope with the largest and most accomplished wine-making nations of the continent of Europe. The knowledge and elaboration of detail required in the manipulation of the grape in its various stages from the vine to the bottled wine, which has been the work of centuries in the older wine-producing countries, was not to be mastered in a few years by a young colony possessing but little knowledge of the processes, however good may be the grape or the climate. The colonists were not, however, dismayed by rebuffs, and from the day the first importations were received here they have never ceased to endeavour to improve their wines, and to compete with their more favoured rivals. That they have succeeded, has recently been shown in a marked manner. At the recent International Wine Exhibition held at Bordeaux, an extensive assortment of Australian wines was exhibited. These were not mere sample bottles, but the wine was sent in bulk and in no inconsiderable quantity, and was sampled at the French port for the Exhibition. The result proves how sound were the conclusions arrived at by the shippers, for no fewer than sixteen gold and twenty-nine silver medals have been awarded to these wines by the jurors, constituting a most unparalleled success. The whole of these prize brands selected have been purchased by the Australian Wine Company, Limited, of Mill Street, Hanover Square, who have also arranged for a continuous supply of the same qualities. This company have done much to develop the taste for the colonial wines, and one feature on which they have always laid great stress is, that they will on no account receive any but pure wines, or that pay more than the orthodox one shilling per gallon duty. At the present time, all the wines from the Bordeaux Exhibition, as well as many others of merit, can be tasted at the cellars of the company, who can, it will be found on trial, supply wines of greater intrinsic value in proportion to price than can be now obtained from France. The prize brands of Australian wines are named the 'Emu' brands, and contain both red and white, comprising 'Rieslings,' 'Chasselas,' white and red Hermitage, &c., and the company's cellars contain other descriptions from each of the wine-growing colonies, those of the cheap claret class being remarkable for low price, good flavour, and rich colour.

MISCELLANY.

DOMESTICITY AS A CAUSE OF INSANITY. — Mrs. M——, aged forty-four, mother of eight children, had acute mania. The husband, when asked if he could suggest any cause for her illness, exclaimed with much animation that he could not conceive any reason. 'She is a most domestic woman; is always doing something for her children, is *always* at work for us all; *never* goes out of the house, even to church on Sunday; never goes gadding about at the neighbours' houses, or talking from one to another; has been one of the best of wives and mothers, and is *always* at home.' The superintendent of the Hartford Retreat for the Insane (from the report of which institution this case is taken), in commenting on it, says: 'This appreciative husband could hardly have furnished a more graphic delineation of the causes of his wife's insanity, had he understood them ever so thoroughly.'

THE importation of artificial eyes in the United States is about 10,000 annually, and recently the manufacturing of them has become a home industry.

TOBACCO STATISTICS.—The most recent returns on the production of tobacco in various countries give the following results:—Asia produces 31,000 quintals (100 lbs. avoirdupois) of tobacco; Alsace-Lorraine, 160,000; Bavaria, 156,000; the Duchy of Baden, 242,000; North Germany, 100,000, of which Prussia furnishes the fourth part; the Low Countries furnish 85,000 quintals; Italy, 93,000; Russia, 180,000; Austria, 1,000,000. In America the Brazils produce 300,000; Cuba, 610,000; North America, 3,400,000. The total quantity produced amounts to 18 million quintals. The annual quantity consumed in Russia, France, and England, is at the rate of 1 lb. per inhabitant; in Italy at the rate of $1\frac{1}{2}$ lb; in Austria $2\frac{2}{3}$ lbs. In the United States and Germany 3 lbs.; in Belgium $4\frac{4}{5}$ lbs.; and in Holland $5\frac{3}{5}$ lbs.

IMPORTATION OF OPIUM IN THE UNITED STATES.—It is stated in the *Philadelphia Medical Times* of December 2, 1882, that in the year 1880 there was imported into the United States the enormous quantity of 372,000 pounds of opium, which is equivalent to nearly three million of doses. But the United States is a large country, and so even this enormous number of doses means only one dose a year for every sixteen persons. When it is remembered how freely opium is used externally it would seem probable that the quantity is not beyond what is required for proper medical use, and that the opium habit about which so much is written requires no perceptible allowance for its gratification.

EDUCATION AND INSANITY.—The number of the male inmates of the lunatic asylums in Prussia is computed at 12,706. The public asylums for the insane in 1878 contained 877 male inmates belonging to the educated classes, amongst whom were 227 officials, 179 professors or schoolmasters, 95 architects, as many clergymen, 61 chemists, 57 doctors, 12 veterinary surgeons, 10 actors, or other artists, &c. In 1879, among 13,365 insane male patients, 306 of the patients all belonged to the same class; 252 officials, 161 professors or schoolmasters, 67 clergymen, 52 chemists and druggists, 49 doctors, 5 veterinary surgeons, and as many actors and other artists. In the same year there were in the asylums 189 students, and 671 insane patients from fifteen to twenty years of age.

RIMMEL'S AROMATIC OZONIZER.

A fragrant Powder emitting the refreshing and healthy emanations of the Pine and Eucalyptus. **The best and only agreeable Disinfectant for the Sick Room.** Price 1s. per Tin, by post for 15 stamps. N.B.—A trial tin sent gratis to Hospitals and Charitable Institutions, or to any Medical Man forwarding his card.

Rimmel's Aromatic Pocket Cassolette, to preserve from Infection. 6d., by post for 7 stamps.
Sold by all Chemists and Druggists.

RIMMEL, Perfumer to H.R.H. the Princess of Wales. 96 Strand; 128 Regent Street; and 24 Cornhill, LONDON.

A TRIUMPH OF PHARMACY.
COD-LIVER OIL RENDERED AGREEABLE AND DOUBLY EFFICACIOUS BY

MACKENZIE'S COMPOUND COD-LIVER OIL EMULSION

Composed of Select Cod-Liver Oil, Pepsine, and Hypophosphite of Lime, as published.

It can be taken with pleasure by Invalids and Children, and has received the HIGHEST APPROVAL and *recommendation of Leading Members of the Medical Profession*, after an extensive trial in Private Practice and in the large Medical Hospitals, as a remedy for Consumption, Wasting Diseases, Bronchitis, and Affections of the Chest generally, and also for imparting muscular strength, with a healthy appearance, the great objection to the use of Cod-liver Oil in such cases being entirely overcome. In Bottles at 2s., 3s. 6d., and 6s. each. To be had of all Chemists. Prepared by

MACKENZIE & CO., Operative Chemists, 45 Forrest Road, Edinburgh,
who originally introduced this preparation.

THE ALUPIKOS BOOT

Is constructed on strictly anatomical principles, being straight on the inner side, thus allowing the great toe to retain its normal position, parallel to the axis of the foot, as shown in Fig. 1, *a*, which represents the sole of a naturally formed foot, and *b*, the sole of the ALUPIKOS Boot.

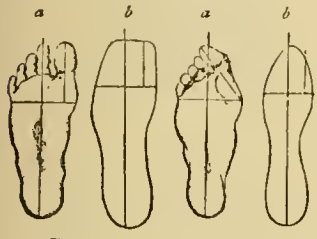


FIG. 1. FIG. 2.

PARKER & Co. continue to supply all the fashionable shapes, but those who really suffer with their feet will find the ALUPIKOS Boot all that can be desired.

The Sketches a, a, from Professor Flower's 'Fashion in Deformity'.

THE Alupikos BOOT. (REGISTERED TRADE MARK)

ALUPIKOS BOOTS

Are to be obtained only at

PARKER'S BOOT & SHOE MANUFACTORY,
145 (late 373) OXFORD STREET, LONDON.
Their Only Address. Established in 1840.

PROFESSOR W. H. FLOWER, LL.D., F.R.S., P.Z.S., &c., in his lecture on 'Fashion in Deformity,' delivered at the Royal Institution of Great Britain, on May 7th, 1880, remarks—'The great error in all boots and shoes made upon the system now in vogue in all parts of the civilized world lies in their being constructed upon a principle of bilateral symmetry. A straight line drawn along the sole from the middle of the toe to the heel will divide a fashionable boot into two equal and similar parts, a small allowance being made at the middle part or 'waist' for the difference between right and left foot. Whether the toe is made broad or narrow, it is always equally inclined at the sides towards the middle line, whereas in the foot there is no such symmetry

SYR. HYPOPHOS. CO., FELLOWS.

CONTAINS **THE ESSENTIAL ELEMENTS** to the Animal Organisation—Potash and Lime;
THE **OXIDISING AGENTS**—Iron and Manganese;
THE **TONICS**—Quinine and Strychnine;
AND THE **VITALISING CONSTITUENT**—Phosphorus,
Combined in the form of Syrup, with SLIGHT ALKALINE REACTION.

IT DIFFERS IN EFFECT FROM ALL OTHERS, BEING HIGHLY SUSCEPTIBLE TO OXIDATION UNDER RESPIRATION, pleasant to taste, acceptable to the stomach, and harmless under prolonged use.

IT HAS SUSTAINED A HIGH REPUTATION, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. IS EMPLOYED ALSO IN VARIOUS NERVOUS AND DEBILITATING DISEASES WITH SUCCESS.

ITS CURATIVE PROPERTIES are largely attributable to Stimulant, Tonic, and Nutritive qualities, whereby the various organic functions are recruited.

ITS ACTION IS PROMPT, stimulating the appetite and the digestion; it promotes assimilation, and enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression or melancholy; hence it IS OF GREAT VALUE IN THE TREATMENT OF MENTAL AND NERVOUS AFFECTIONS. From its exerting a double tonic effect, and influencing a healthy flow of the secretions, its use is indicated in a wide range of diseases

NOTICE.—CAUTION.—The success of Fellows' Hypophosphites has prompted unprincipled men to utter substitutes, and a case is reported where the use of an imitation imperilled the life of a patient.

Price (Great Britain), 7s. large. 4s. small.

Mr. FELLOWS has no connection, DIRECTLY OR INDIRECTLY, with any other Preparation.

Prepared by JAMES I. FELLOWS, Chemist, London; Montreal; New York.
Sole Wholesale Agents—BURROUGHS, WELLCOME, & CO.

LAC BISMUTHI (SYMES)

Hydrate of Bismuth, possessing in a specially active and high degree the properties of this drug. Dose 5j to 5ij.

LAC BISMUTHI ET CERII (SYMES)

Particularly useful in Sickness during Pregnancy. Dose 5j to 5ij.

Originated and Prepared by SYMES & CO., Manufacturing Chemists, Liverpool.

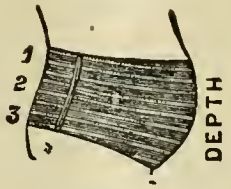
P. BOURJEAURD.

INVENTOR OF THE ELASTIC SPIRAL APPLIANCES,

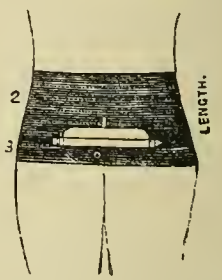
49 Davies Street, Berkeley Square, London, W., also at Paris and Marseilles.

Spiral Elastic Belt and Air Pad for Prolapsus Uteri or Ani. ESTABLISHED 1848.

Spinal Abdominal Supporter, free from under straps and buckles.



To be worn before or after confinement.



Hypogastric Belt and Air-pad supporter for the displacement of the womb.

Mr. Bourjeaurd's appliances are made of an extremely fine and large texture, and wash as ordinary linen. Illustrated Catalogue free by post.

H. K. LEWIS'S PUBLICATIONS.

Fourth Edition, with Illustrations, 2 vols., 8vo., 24*s.*

A Handbook of the Theory and Practice of MEDICINE. By FREDERICK T. ROBERTS, M.D., B.Sc., F.R.C.P., Examiner in Medicine at the Royal College of Surgeons; Professor of Therapeutics in University College; Physician to University College Hospital, and to the Brompton Consumption Hospital.

Now ready, the Ninth Edition, 8vo., 15*s.*

A Handbook of Therapeutics. By Sydney RINGER, M.D., Professor of Medicine in University College, Physician to University College Hospital.

Now ready, Second Edition, Copiously Illustrated and entirely Rewritten, 8vo., 16*s.*

The Heart and its Diseases, with their TREATMENT, including the GOUTY HEART. By J. MILNER FOTHERGILL, M.D., F.R.C.P., Assistant-Physician to the City of London Hospital for Diseases of the Chest (Victoria Park).

By the same Author. Just published, post 8vo., 7*s.* 6*d.*

Indigestion and Biliousness.

Now ready, 8vo., 3*s.* 6*d.*

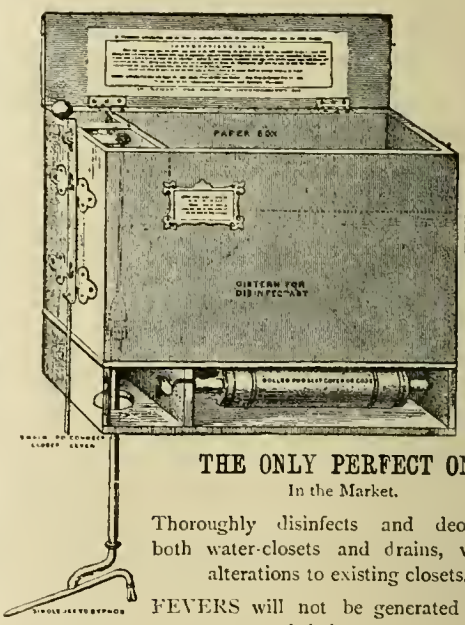
Practical Exercises in Physiology. By J. BURDON SANDERSON, M.D., LL.D., F.R.S., Jodrell Professor of Physiology in University College, London; with the co-operation of F. J. M. PAGE, B.Sc.; W. NORTH, B.A.; and A. WALLER, M.D.

Now ready, Second Edition, medium 64mo., 1*s.* 6*d.*

What to do in Cases of Poisoning. By WILLIAM MURRELL, M.D., Lecturer on Materia Medica and Therapeutics at the Westminster Hospital; Senior Assistant-Physician, Royal Hospital for Diseases of the Chest.

LONDON:

H. K. LEWIS, 136 GOWER ST., W.C.



THE UNIVERSAL DEODORISER.

For Water-Closets & Drains. Cheap, Simple, Efficacious.

THE ONLY PERFECT ONE In the Market.

Thoroughly disinfects and deodorises both water-closets and drains, without alterations to existing closets.

FEVERS will not be generated where it is in use.

Write for further particulars to

H. RAIMES,

SANITARY ENGINEERING WORKS,

WEST END LANE KILBURN, N.W.

VIRGIN MONTILLA SHERRY

21S. PER DOZEN.

THIS LIGHT, ELEGANT, PALE, DRY

SHERRY,

WHICH pays only 1s. duty (the same as the Light French and German Wines), is very suitable for persons of weak digestion, being so free from spirit. One Dozen for Sample, Carriage Free; afterwards, Three Dozen and upwards.

CADIZ WINE COMPANY, 8 DUKE STREET, ST. JAMES'S, S.W.

ESTABLISHED 1847.

LA BOURBOULE.

An Eminently Restorative Mineral Water.

Contains Chloride of Soda, Bicarbonates, Arsenics
(28 millig. of arseniate of soda per lire.)

Dose: Half a glass to three glasses per day before or during meals.

A Regenerator for Weakly Children, and for Debility in Adults; also in Anæmia, Fatty Degeneration, Affections of the Skin and Respiratory Organs, and Intermittent Fevers. Employed as a drink and in gargles for Bronchitis and Sore Throat, and as a drink and lotion in Ringworm, Chaps, and Redness of the Skin.
(Anglican Divine Service on Sundays.)
London: GALLAIS & CO., 27 Moorgate Street: INGRAM & KOYLE, 119 Queen Victoria Street: HENRY BEST & SONS, 22 Henrietta Street, Cavendish Square, W. Liverpool: EVANS, SONS, & CO.

ASTHMA AND OTHER MALADIES OF THE RESPIRATORY ORGANS.—SLADE'S ANTI-ASTHMATIC CIGARETTES are carefully prepared from soothing and Anti-spasmodic Medicinal Plants, slightly camphorated and aromatised. Being safe, efficient, and agreeable, they can be used by the most delicate invalid ladies. They are prescribed at the Brompton and Victoria Park Hospitals, and by many eminent physicians in the United Kingdom, the Colonies, and on the Continent. Delivered to the public in sealed bottles only, whereby their virtues remain unimpaired by time or climate.
CONSUMPTION.—Incipient cured, worst cases relieved more by Slade's Balsamic Soothing Consumption Cigarettes, than by Cod-Liver Oil, Quinine, Iron, etc. Price 2s. 9d., 4s. 6d., and 11s.
Prepared by T. SLADE, Pharmacien, 108, Long Acre.
SAMPLES FREE ON APPLICATION.
A liberal discount to the Profession and Pharmacians.

WYE HOUSE ASYLUM, BUXTON, DERBYSHIRE, for the Middle and Upper Classes of BOTH SEXES, is beautifully situated in the healthy and bracing climate of the Derbyshire hills, and is directly accessible by the Midland and the London and North-Western Railways.—For terms and other particulars address the Resident Physician and Proprietor, Dr. F. K. DICKSON.

Messrs. YOUNG & POSTANS

Beg to direct the attention of the Profession to their List of New Popular Effervescing and other Preparations, which are largely used.

Granular Effervescing Bismuth and Pepsine.
Granular Effervescing Bismuth, Pepsine, & Steel,
Introduced at the suggestion of the late Dr. Thos. Hawkes Tanner.
Gran. Eff. Bismuth, Pepsine, and Quinine.
Gran. Eff. Bismuth, Pepsine, and Strychnine.
Gran. Eff. Iron and Arsenic. Pepsine Porci.
Pepsine Wine. Pepsine Pills. Pepsine Lozenges.
Phosphorised Cod-Liver Oil. THE ORIGINAL PREP.
In 1853, Dr. Glover prescribed Phosphorised Cod-Liver Oil (*Lancet*, Jan. 1, 1853), 27 years ago and more. *Beware of spurious imitations.*
PRESERVED RIPE INDIAN BAEL FRUIT.
Recommended by Sir Joseph Fayrer, M.D.
YOUNG & POSTANS, 35 Baker St., London, W.

BEDROOM VENTILATION.
WARM AIR!
A continuous and fresh supply of warm, pure air by gas or paraffin.
LAWSON TAIT'S THERMIC VENTILATOR.
MANUFACTURERS:
RICHARD H. TAUNTON AND HAYWARD,
HENEAGE STREET, BIRMINGHAM.
Also **MAKERS** of all kinds of Iron **TUBES** and **FITTINGS.**

PULLNA BITTERWATER (Bohemia's Treasure).
The oldest and most valuable spring. The most salutary Aperient (never debilitating). **Anton ULBRICH.**

Now ready, with Illustrations, post 8vo., 2s.

FIRST AID TO THE INJURED.

FIVE AMBULANCE LECTURES.

BY DR. FRIEDRICH ESMARCH.

TRANSLATED FROM THE GERMAN BY

HER ROYAL HIGHNESS PRINCESS CHRISTIAN.

'The Lectures contain, beyond question, a great amount of information compressed into a small space, which may, in practice, be of real use in the treatment of various accidents and kinds of sudden illness, and which, in the hands of persons of ordinary intelligence and prudence, are calculated to render important services, as well by preventing injudicious interference as by doing positive good in such cases until professional assistance can be obtained. . . . . It would be unjust to conclude this notice of Professor Esmarch's work without an acknowledgment of the admirable manner in which it has been translated into English. All the technicalities of the German language, which cause it to appear so stiff and formal to the English ear that is unfamiliar with it, have been got rid of; indeed the conversion into English idiom has been effected so completely and perfectly throughout that it is difficult, in following the pages, to retain the conviction that the work was not originally written in the language in which it now appears. Professor Esmarch's labours in their present form well deserve the attention of all persons who interest themselves in spreading a knowledge of the preliminary help to be given in cases of accident and sudden illness, and we anticipate a very extensive demand for the book.'—*British Medical Journal.*

'Her Royal Highness has furnished the numerous pupils of these ambulance lectures with a very pleasant readable manual, which contains a great deal of useful information.' *Lancet.*

'The Princess Helena's translation of her brother-in-law, Dr. Esmarch's book—"First Aid to the Injured"—will be read with pleasure by everyone, and will doubtless give a spurt to ambulance work throughout the country. It abounds in valuable "tips," useful even to physicians themselves.'—*Truth*, October 26, 1882.

'A very simple, very lucid, and very concise little book, accompanied by admirable diagrams, which greatly add to its intelligibility and value. It seems to us hardly possible to convey the popular information needful to minimise the disadvantage of the lack of surgical care in a terser or more adequate manner.'—*Spectator.*

London: SMITH, ELDER, & CO., 15 Waterloo Place.

CARRIAGES EXTRAORDINARY.

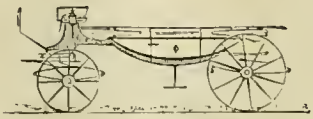
WINDOVER'S

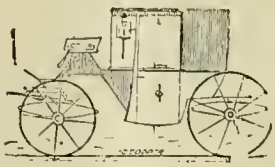
CELEBRATED LIGHT AND DURABLE PATENT

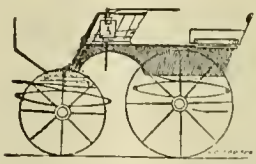
CARRIAGES,

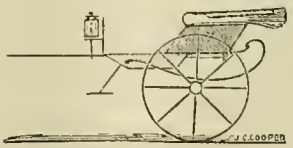
Which have been awarded the First Prize Medals at PARIS; MOSCOW; VIENNA; CHILI; PHILADELPHIA; MELBOURNE; SYDNEY.

These Carriages are made at about Half the Weight of ordinary ones.









FOR EASE, ELEGANCE, AND DURABILITY, ARE NOT TO BE EQUALLED.

Testimonials and Opinions of the Press forwarded on application.

C. S. WINDOVER,

Coach Builder to the Queen and H.R.H. the Prince of Wales.

32 & 33 LONG ACRE, 154 PICCADILLY, W.. LONDON;

25 King Street, Manchester; & Cannon Street, Huntingdon.

The continued increase of patronage of these vehicles by the Nobility, Gentry, and the discriminating portion of the public, is the strongest proof of their superiority over all others, and for ease, lightness, elegance, and durability, are not to be equalled by any other maker.

N.B.—VERY LIGHT BROUGHAM,

Only used a few times, the property of a gentleman, who will take a very low price. Can be bought on easy terms.

On View at 32 and 33 Long Acre, W.C.

BENGER'S PREPARATIONS
OF THE
NATURAL DIGESTIVE FERMENTS.

1. LIQUOR PANCREATICUS (BENGER).
An Extract in which the Digestive Principles of the fresh Pancreas exist in a state of great activity. It is used for the preparation of Peptonised or partially Digested Foods, and also in doses of one or two teaspoonfuls as a Digestive. In 4, 8, and 16 oz. Bottles, with full directions.

2. LIQUOR PEPTICUS (BENGER).
A Concentrated Fluid Pepsine. Dose, one or two teaspoonfuls with meals. In 4, 8, and 16 oz. Bottles.

3. BENGER'S PEPTONISED BEEF JELLY.
A Concentrated, partially Digested, and Solidified Beef Tea. It excels the various Extracts and Essences of Beef, inasmuch as it contains much of the Fibrin or Flesh-forming Element of the Meat in a soluble form. It is delicately flavoured, and may be taken by teaspoonfuls, cold, or dissolved in Soups, &c. Tins, 2s. each.

4. BENGER'S SELF-DIGESTIVE FOOD (Pancreatised Farinaceous).
A cooked Food, impregnated with the Digestive Principles of the Pancreas. When mixed with Warm Milk these come at once into play, partially digesting not only the Starchy Matter, but the Albuminoids of both the Food and the Milk. It can therefore be enjoyed and retained by Infants, Delicate Children, and Invalids, when other Foods disagree. Tins, 1s. 6d., 2s. 6d., &c.

These Preparations are now so widely known to the Medical Profession that it has become almost superfluous to offer any form of Testimonial in their favour; but the following extracts from Authoritative Reports are respectfully submitted:—

The LANCET of August 7, 1880, *referring to these preparations, says:—*

'So many worthless articles of this kind have been sold, that great care is required in choosing those upon which reliance can be placed. Mr. Benger's care has therefore been well spent.'

The LANCET of March 25, 1882, *in commenting on the Analysis of these Articles, says:—*

'We have on a previous occasion noticed some of Mr. Benger's admirable preparations. Those now before us are not less satisfactory.'

The BRITISH MEDICAL JOURNAL of April 1, 1882, *in an article on Benger's Preparations, says:—*

'Time and use have justified the claims put forward for these preparations.'

From 'The Lumleian Lectures *on the Digestive Ferments, and the Preparation and Use of Artificially Digested Food,*' delivered before the Royal College of Physicians, London, by WILLIAM ROBERTS, M.D., F.R.C.P., F.R.S.

'The extract sent out by Mr. Benger, under the name of "Liquor Pancreaticus," is an almost faultless pharmaceutical preparation. By some ingenious devices, Mr. Benger has succeeded in overcoming the mechanical difficulties of the manufacture, and has produced an extract which possesses the diastasic and proteolytic properties of the pancreas in a highly concentrated degree. It is a nearly colourless solution, with very little taste or smell.—It is of this preparation that I must be understood to speak in what I have now to say on the production of artificially digested food by pancreatic extracts.'

From '*The Treatment of Consumption,*' by ROBERT SAUNDBY, M.D., Edin., Member of the Royal College of Physicians, and Assistant Physician to the General Hospital, Birmingham.—*Practitioner*, Oct. 1881.

'One of the greatest therapeutic advances in the treatment of conditions in which the stomach is unable to perform its functions properly, has been made by Dr. Roberts in his instructions to the profession how to prepare peptonised foods. By the use of peptonised milk, gruel, and beef tea, prepared by means of "Benger's Liquor Pancreaticus," sold with full directions for use by Messrs. Mottershead, of Manchester, nutrition may be maintained and the stomach have time to regain its wonted powers of digestion.'

From the Address of DR. WM. ROBERTS, M.D., F.R.S., &c., *at the Northwich Meeting of the British Medical Association.*

'Those of you who from past experience have lost faith in Pepsine may be encouraged to try again the more active preparations which are now within our reach. A Liquor Pepticus, prepared by Mr. Benger, is a digestive agent of extraordinary power.'

These Preparations were also described and strongly recommended by Dr. WM. ROBERTS, F.R.S., in a paper read before the International Medical Congress in London, 1881, entitled :—'*On some New Articles of Peptonised Food Prepared by the Pancreatic Method.*'

The above may be obtained through all leading Wholesale and Retail Houses at home and abroad.

MANUFACTURERS:

MOTTERSHEAD & CO., } S. PAINE AND F. B. BENGER.

PHARMACEUTICAL CHEMISTS,

7 EXCHANGE STREET, MANCHESTER.

Hunyadi János

"THE RICHEST NATURAL APERIENT WATER."
Baron Liebig in "Lancet."

"Certain and Painless, Soft and Mild."
Prof. V. GARTNER,
STUTTGART.

"OF GREAT USE IN HABITUAL CONSTIPATION."
Medical Times & Gazette.

USES AND RECOMMENDATIONS.

Hunyadi János — As a Laxative and against Obstinate Constipation

"Has remarkable success in all diseases for which aperient waters are used."
Professor BAMBERGER,
University of Vienna.

Hunyadi János — Against Hæmorrhoids, and Portal and Hepatic Congestions.

"Prompt, certain, and without inconvenience."
Prof. VON BUHL,
Munich.

Hunyadi János — In Bilious Attacks and Sick Headaches.

"Favours the secretion and excretion of bile, and removes congestive and inflammatory conditions of the liver."
Prof. ALOIS MARTIN,
University of Munich.

Hunyadi János — For Relieving Obesity, Gouty Attacks, and Internal Congestion.

"I have used the HUNYADI JÁNOS WATER in many cases of the rheumatic and gouty diathesis with very marked benefit. In cases accompanied with great obesity I prefer it to any other laxative."
Prof. Lewis A. Sayre, M.D.,
Bellevue Hospital, New York.

Hunyadi János — During Pregnancy; for Nursery Use; and in many Female Disorders.

"I prefer this to any and every other."
Dr. J. Marion Sims,
New York, President of the Gynæcological Society of America; Honorary Fellow of the Obstetrical Societies of London and Dublin.

Hunyadi János — Against Evil Consequences of Indiscretion in Diet.

"Has invariably good and prompt success; a most valuable item in the balneological treasury." Professor Virchow, *Berlin.*

Hunyadi János — "In the Uric Acid Diathesis and prevention of Urinary Calculi in treatment, *HUNYADI JÁNOS acts in a much more energetic manner than Friedrichshall, Carlsbad, or Marienbad; can be given in much smaller doses, and has the advantage of being less unpleasant to the taste. Sir Henry Thompson has pointed out the fact that the artificial waters made in imitation of the natural mineral waters do not seem to have the same beneficial effect.*"
"New York Medical Journal," *August* 1880, Dr. F. Weir,
in Lecture delivered to the College of Physicians and Surgeons, New York.

THE NAME OF THE *APOLLINARIS COMPANY, LIMITED,* ON EVERY LABEL SECURES GENUINENESS.

Of all Chemists, 1s. 6d. *and* 2s. *per bottle. Ordinary Dose, a Wineglassful.*

It is most efficacious when taken in the morning fasting, warmed to a temperature not below 60°, or when an equal quantity of hot water is added to it.

Printed by Spottiswoode & Co., New-street Square, London; and Published by Smith, Elder, & Co., 15 Waterloo Place.